

Table of Contents

Health

<i>Agency Profile</i>	1
Agency Expenditure Overview	3
Agency Financing by Fund	5
Agency Change Summary	11
<u>Program</u>	14
Health Improvement	14
<i>Program Narrative</i>	14
Program Expenditure Overview	15
Program Financing by Fund	17
<u>Activity</u>	22
Child and Family Health	22
<i>Activity Narrative</i>	22
Activity Expenditure Overview	28
Activity Financing by Fund	29
Health Promotion and Chronic Disease	31
<i>Activity Narrative</i>	31
Activity Expenditure Overview	36
Activity Financing by Fund	37
Community Health	39
<i>Activity Narrative</i>	39
Activity Expenditure Overview	43
Activity Financing by Fund	44
Health Policy	47
<i>Activity Narrative</i>	47
Activity Expenditure Overview	50
Activity Financing by Fund	51
Office of Medical Cannabis	54
<i>Activity Narrative</i>	54
Activity Expenditure Overview	57
Activity Financing by Fund	58
Health Equity	59
<i>Activity Narrative</i>	59
Activity Expenditure Overview	63
Activity Financing by Fund	64
<u>Program</u>	65
Health Protection	65
<i>Program Narrative</i>	65
Program Expenditure Overview	66
Program Financing by Fund	68
<u>Activity</u>	72
Environmental Health	72
<i>Activity Narrative</i>	72
Activity Expenditure Overview	76

Activity Financing by Fund	77
Infectious Disease	80
<i>Activity Narrative</i>	80
Activity Expenditure Overview	83
Activity Financing by Fund	84
Public Health Laboratory	87
<i>Activity Narrative</i>	87
Activity Expenditure Overview	91
Activity Financing by Fund	92
Health Regulation	94
<i>Activity Narrative</i>	94
Activity Expenditure Overview	97
Activity Financing by Fund	98
<u>Program</u>	100
Health Operations	100
<i>Program Narrative</i>	100
<u>Activity</u>	101
Health Operations	101
<i>Activity Narrative</i>	101
Activity Expenditure Overview	104
Activity Financing by Fund	105

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

AT A GLANCE

- Manage annual budgetary resources of \$863 million.
- Secure annual federal funding of \$406 million to support critical public health activities
- Provide guidance and oversight for over \$264 million in annual outgoing grants to more than 500 unique grantees across the state.
- Maintain a highly skilled workforce of 1,655 staff that includes doctors, nurses, health educators, biologists, chemists, epidemiologists, and engineers.
- Meet rigorous standards set by the Public Health Accreditation Board.

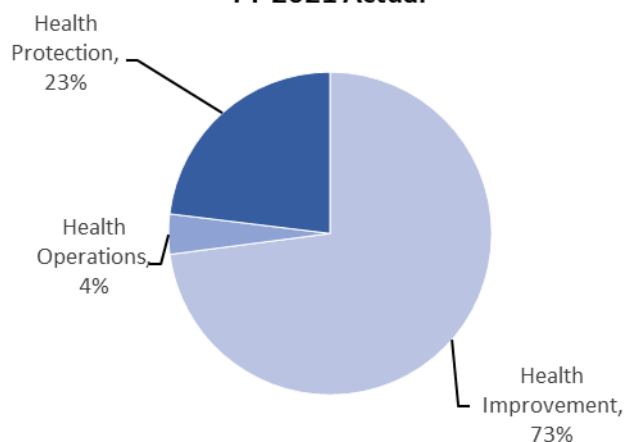
PURPOSE

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

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

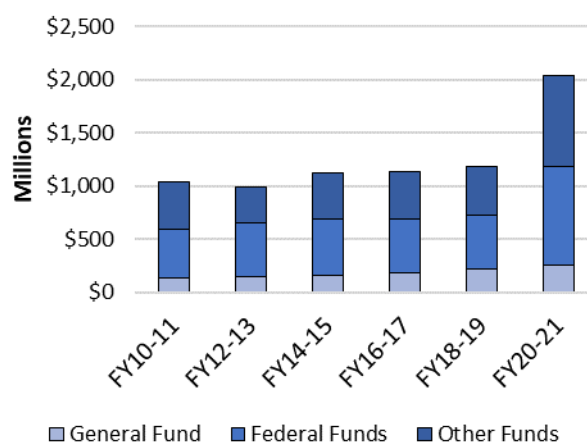
BUDGET

**Spending by Program
FY 2021 Actual**



Source: Budget Planning & Analysis System (BPAS)

Historical Spending



Source: Consolidated Fund Statement

STRATEGIES

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

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

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

The Department of Health is primarily governed by the following statutes:

M.S. 144 (<https://www.revisor.mn.gov/statutes/?id=144>)

M.S. 145 (<https://www.revisor.mn.gov/statutes/?id=145>)

M.S. 145A (<https://www.revisor.mn.gov/statutes/?id=145A>)

M.S. 62J (<https://www.revisor.mn.gov/statutes/?id=62j>)

Each budget activity narrative lists additional relevant statutes.

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	122,667	130,380	144,775	255,466	160,626	155,769
1100 - Medical Education & Research	79,306	78,934	78,984	68,568	7,725	7,725
1200 - State Government Special Rev	57,266	57,770	66,735	77,737	72,644	72,644
1250 - Health Care Response	40,253	94,014				
1251 - COVID-19 Minnesota	145,739	66,248				
2000 - Restrict Misc Special Revenue	3,826	2,965	2,964	10,361	1,995	1,995
2001 - Other Misc Special Revenue	110,718	39,492	46,916	75,281	66,586	66,586
2050 - Environment & Natural Resources	342		180			
2302 - Clean Water	5,665	5,956	6,416	10,183		
2360 - Health Care Access	35,180	34,864	34,645	43,561	38,385	40,644
2403 - Gift	6	1,001	0	154		
2800 - Environmental	636	1,255	647	1,217	932	932
2801 - Remediation	232	191	239	275	257	257
3000 - Federal	228,661	449,540	934,107	692,098	480,565	330,680
3001 - Federal TANF	10,503	11,530	11,579	11,713	11,713	11,713
3010 - Coronavirus Relief	24,112	202,902	40,066			
3015 - ARP-State Fiscal Recovery			81,121	21,458		
8201 - Drinking Water Revolving	622	672	666	762	756	756
Total	865,735	1,177,715	1,450,040	1,268,834	842,184	689,701
Biennial Change				675,424		(1,186,989)
Biennial % Change				33		(44)

Expenditures by Program

Health Improvement	651,476	899,950	810,151	607,973	446,911	430,481
Health Protection	169,970	232,643	591,132	601,647	340,052	204,115
Health Operations	44,289	45,122	48,757	59,214	55,221	55,105
Total	865,735	1,177,715	1,450,040	1,268,834	842,184	689,701

Expenditures by Category

Compensation	157,405	179,670	176,822	214,952	209,753	192,149
Operating Expenses	282,115	533,554	798,232	528,023	273,377	171,576
Grants, Aids and Subsidies	424,142	462,123	472,983	523,094	356,289	325,211

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
Capital Outlay-Real Property	2,021	2,119	1,663	2,734	2,734	734
Other Financial Transaction	52	249	340	31	31	31
Total	865,735	1,177,715	1,450,040	1,268,834	842,184	689,701

Total Agency Expenditures	865,735	1,177,715	1,450,040	1,268,834	842,184	689,701
Internal Billing Expenditures	34,745	49,897	67,085	56,983	41,414	37,042
Expenditures Less Internal Billing	830,990	1,127,818	1,382,955	1,211,851	800,770	652,659

<u>Full-Time Equivalents</u>	1,532.18	1,698.87	1,644.49	1,704.37	1,672.05	1,542.76
-------------------------------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base	
	FY20	FY21	FY22	FY23	FY24	FY25
1000 - General						
Balance Forward In	77	13,452	395	19,724		
Direct Appropriation	156,214	132,627	165,001	235,944	160,828	155,971
Transfers In	4,242	6,913	1,329	1,072		
Transfers Out	25,238	10,630	1,548	1,274	202	202
Cancellations	51	11,587	678			
Balance Forward Out	12,576	395	19,724			
Expenditures	122,667	130,380	144,775	255,466	160,626	155,769
Biennial Change in Expenditures				147,195		(83,846)
Biennial % Change in Expenditures				58		(21)
Full-Time Equivalents	164.41	153.16	166.75	164.60	153.38	149.61

1100 - Medical Education & Research

Balance Forward In	529	215	427	433		
Receipts	78,991	78,991	78,991	68,135	7,725	7,725
Transfers In	150	150	150	150	150	150
Transfers Out	150	150	150	150	150	150
Balance Forward Out	213	271	433			
Expenditures	79,306	78,934	78,984	68,568	7,725	7,725
Biennial Change in Expenditures				(10,688)		(132,102)
Biennial % Change in Expenditures				(7)		(90)
Full-Time Equivalents	2.03	1.22	1.06	1.06	1.06	1.06

1200 - State Government Special Rev

Balance Forward In		3,049		4,542		
Direct Appropriation	60,330	60,261	71,278	73,195	72,644	72,644
Transfers In	1,449	1,449				
Transfers Out	2,303	2,140				
Cancellations		4,848				
Balance Forward Out	2,210		4,543			
Expenditures	57,266	57,770	66,735	77,737	72,644	72,644
Biennial Change in Expenditures				29,435		816
Biennial % Change in Expenditures				26		1
Full-Time Equivalents	310.84	302.15	347.84	347.99	347.99	347.99

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base	
	FY20	FY21	FY22	FY23	FY24	FY25

1250 - Health Care Response

Balance Forward In		89,954				
Direct Appropriation	132,526	10,339				
Cancellations		6,279				
Balance Forward Out	92,273					
Expenditures	40,253	94,014				
Biennial Change in Expenditures				(134,267)		0
Biennial % Change in Expenditures				(100)		
Full-Time Equivalents		3.36				

1251 - COVID-19 Minnesota

Balance Forward In		44,792				
Direct Appropriation	157,189	87,830				
Cancellations		66,374				
Balance Forward Out	11,449					
Expenditures	145,739	66,248				
Biennial Change in Expenditures				(211,987)		0
Biennial % Change in Expenditures				(100)		
Full-Time Equivalents		116.35				

2000 - Restrict Misc Special Revenue

Balance Forward In	5,956	6,881	7,430	8,239		
Receipts	2,320	2,208	2,592	1,042	915	915
Transfers In	1,798	1,003	1,046	1,080	1,080	1,080
Net Loan Activity	271	242	136			
Balance Forward Out	6,519	7,370	8,240			
Expenditures	3,826	2,965	2,964	10,361	1,995	1,995
Biennial Change in Expenditures				6,534		(9,335)
Biennial % Change in Expenditures				96		(70)
Full-Time Equivalents	11.27	6.49	6.36	4.62	4.00	4.00

2001 - Other Misc Special Revenue

Health

Agency Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
Balance Forward In	14,837	17,418	18,131	9,011		
Receipts	37,651	34,848	38,181	66,270	66,586	66,586
Internal Billing Receipts	30,058	29,404	32,316	41,145	41,145	41,145
Transfers In	97,240	41	300			
Transfers Out	26,379	1,762	684			
Balance Forward Out	12,631	11,054	9,012			
Expenditures	110,718	39,492	46,916	75,281	66,586	66,586
Biennial Change in Expenditures				(28,013)		10,975
Biennial % Change in Expenditures				(19)		9
Full-Time Equivalents	339.78	327.65	324.50	323.09	323.09	323.09

2050 - Environment & Natural Resources

Balance Forward In	398	69	214		
Cancellations			33		
Balance Forward Out	56	69			
Expenditures	342		180		
Biennial Change in Expenditures				(162)	(180)
Biennial % Change in Expenditures					
Full-Time Equivalents	0.71				

2302 - Clean Water

Balance Forward In	1,879	3,373	4,713	4,228	
Direct Appropriation	6,497	6,497	5,955	5,955	0
Cancellations		0	24		0
Balance Forward Out	2,712	3,914	4,227		
Expenditures	5,665	5,956	6,416	10,183	
Biennial Change in Expenditures				4,979	(16,599)
Biennial % Change in Expenditures				43	(100)
Full-Time Equivalents	26.34	19.15	19.74	19.25	

2360 - Health Care Access

Balance Forward In	3,799	6,425	4,214	6,729	
Direct Appropriation	37,285	36,968	37,512	36,832	38,385
					40,644

Health

Agency Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base FY24 FY25	
Transfers In	182					
Transfers Out	182	634				
Cancellations	39	4,051	351			
Balance Forward Out	5,865	3,844	6,730			
Expenditures	35,180	34,864	34,645	43,561	38,385	40,644
Biennial Change in Expenditures				8,161		823
Biennial % Change in Expenditures				12		1
Full-Time Equivalents	65.26	47.52	58.89	58.89	55.34	53.86

2403 - Gift

Balance Forward In	98	1,105	116	154		
Receipts	1,013	9	38			
Transfers In	18					
Transfers Out	18					
Balance Forward Out	1,105	113	154			
Expenditures	6	1,001	0	154		
Biennial Change in Expenditures				(853)		(154)
Biennial % Change in Expenditures				(85)		(100)
Full-Time Equivalents		3.58				

2800 - Environmental

Balance Forward In		528		285		
Transfers In	1,067	932	932	932	932	932
Cancellations		205				
Balance Forward Out	431		285			
Expenditures	636	1,255	647	1,217	932	932
Biennial Change in Expenditures				(27)		0
Biennial % Change in Expenditures				(1)		0
Full-Time Equivalents	3.85	2.50	3.64	3.64	3.64	3.64

2801 - Remediation

Balance Forward In		30		18		
Transfers In	257	257	257	257	257	257

Health

Agency Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
Cancellations		96				
Balance Forward Out	25		18			
Expenditures	232	191	239	275	257	257
Biennial Change in Expenditures				91		0
Biennial % Change in Expenditures				22		(0)
Full-Time Equivalents	1.96	1.08	1.78	1.78		

3000 - Federal

Balance Forward In	382	912	13,866	381		
Receipts	234,267	451,484	920,622	691,717	480,565	330,680
Balance Forward Out	5,989	2,856	381			
Expenditures	228,661	449,540	934,107	692,098	480,565	330,680
Biennial Change in Expenditures				948,004		(814,960)
Biennial % Change in Expenditures				140		(50)
Full-Time Equivalents	599.13	602.82	696.23	769.41	777.60	653.56

3001 - Federal TANF

Balance Forward In	0					
Receipts	10,503	11,530	11,579	11,713	11,713	11,713
Expenditures	10,503	11,530	11,579	11,713	11,713	11,713
Biennial Change in Expenditures				1,258		134
Biennial % Change in Expenditures				6		1
Full-Time Equivalents	2.32	0.99	2.06	2.06	2.06	2.06

3010 - Coronavirus Relief

Balance Forward In		53,512	62,831			
Direct Appropriation	75,195	202,256	20,737			
Transfers Out		740				
Cancellations	944	48,212	43,503			
Balance Forward Out	50,138	3,913				
Expenditures	24,112	202,902	40,066			
Biennial Change in Expenditures				(186,949)		(40,066)
Biennial % Change in Expenditures				(82)		

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base FY24 FY25	
Full-Time Equivalents	0.10	106.01	7.66			

3015 - ARP-State Fiscal Recovery

Balance Forward In				21,458		
Direct Appropriation			127,170			
Cancellations			24,591			
Balance Forward Out			21,458			
Expenditures			81,121	21,458		
Biennial Change in Expenditures				102,579		(102,579)
Biennial % Change in Expenditures						(100)
Full-Time Equivalents			4.09	4.09		

6000 - Miscellaneous Agency

Balance Forward In	15	0	8	54		
Receipts	76	71	71	72	72	72
Transfers Out	91	64	25	126	72	72
Balance Forward Out		8	54			

8201 - Drinking Water Revolving

Balance Forward In	10			6		
Transfers In	612	672	672	756	756	756
Balance Forward Out			6			
Expenditures	622	672	666	762	756	756
Biennial Change in Expenditures				133		84
Biennial % Change in Expenditures				10		6
Full-Time Equivalents	4.18	4.84	3.89	3.89	3.89	3.89

(Dollars in Thousands)

	FY23	FY24	FY25	Biennium 2024-25
Direct				
Fund: 1000 - General				
FY2023 Appropriations	235,944	235,944	235,944	471,888
Base Adjustments				
All Other One-Time Appropriations		(1,000)	(1,000)	(2,000)
Current Law Base Change		(74,116)	(78,973)	(153,089)
Approved Transfer Between Appropriation		0	0	0
Forecast Base	235,944	160,828	155,971	316,799
Fund: 1200 - State Government Special Rev				
FY2023 Appropriations	73,195	73,195	73,195	146,390
Base Adjustments				
Current Law Base Change		(551)	(551)	(1,102)
Forecast Base	73,195	72,644	72,644	145,288
Fund: 2302 - Clean Water				
FY2023 Appropriations	5,955	5,955	5,955	11,910
Base Adjustments				
One-Time Legacy Fund Appropriations		(5,955)	(5,955)	(11,910)
Forecast Base	5,955	0	0	0
Fund: 2360 - Health Care Access				
FY2023 Appropriations	36,832	36,832	36,832	73,664
Base Adjustments				
Current Law Base Change		953	3,812	4,765
Biennial Appropriations		600		600
Forecast Base	36,832	38,385	40,644	79,029
Dedicated				
Fund: 1100 - Medical Education & Research				
Planned Spending	68,568	7,725	7,725	15,450
Forecast Base	68,568	7,725	7,725	15,450
Fund: 2000 - Restrict Misc Special Revenue				
Planned Spending	10,361	1,995	1,995	3,990
Forecast Base	10,361	1,995	1,995	3,990
Fund: 2001 - Other Misc Special Revenue				
Planned Spending	75,281	66,586	66,586	133,172

(Dollars in Thousands)

	FY23	FY24	FY25	Biennium 2024-25
Forecast Base	75,281	66,586	66,586	133,172
Fund: 2403 - Gift				
Planned Spending	154			
Forecast Base	154			
Fund: 3000 - Federal				
Planned Spending	692,098	480,565	330,680	811,245
Forecast Base	692,098	480,565	330,680	811,245
Fund: 3001 - Federal TANF				
Planned Spending	11,713	11,713	11,713	23,426
Forecast Base	11,713	11,713	11,713	23,426
Fund: 8201 - Drinking Water Revolving				
Planned Spending	762	756	756	1,512
Forecast Base	762	756	756	1,512
Revenue Change Summary				
Dedicated				
Fund: 1100 - Medical Education & Research				
Forecast Revenues	68,135	7,725	7,725	15,450
Fund: 2000 - Restrict Misc Special Revenue				
Forecast Revenues	1,042	915	915	1,830
Fund: 2001 - Other Misc Special Revenue				
Forecast Revenues	66,270	66,586	66,586	133,172
Fund: 3000 - Federal				
Forecast Revenues	691,717	480,565	330,680	811,245
Fund: 3001 - Federal TANF				
Forecast Revenues	11,713	11,713	11,713	23,426
Fund: 6000 - Miscellaneous Agency				
Forecast Revenues	72	72	72	144

(Dollars in Thousands)

	FY23	FY24	FY25	Biennium 2024-25
<i>Non-Dedicated</i>				
Fund: 1000 - General				
Forecast Revenues	1,352	1,359	1,359	2,718
Fund: 1200 - State Government Special Rev				
Forecast Revenues	77,137	77,307	80,775	158,082

Program: Health Improvement**AT A GLANCE**

Budget activities:

- Child and Family Health
- Community Health
- Health Equity
- Health Policy
- Health Promotion and Chronic Disease
- Office of Medical Cannabis

PURPOSE AND CONTEXT

As Benjamin Franklin is often quoted, “an ounce of prevention is worth a pound of cure.” This insight captures the importance of this budget program and the power of prevention strategies. Prevention is a powerful and cost-effective component of the overall effort to improve the health of Minnesotans. The Health Improvement budget program contains a cohesive set of activities designed to maintain and improve the health of all Minnesotans via prevention. The budget program also supports the health care delivery and payment systems by ensuring they are efficient, effective, equitable, and affordable for Minnesotans. Activities are built on the values of collaboration and accountability.

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

Health Improvement

Program Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	90,674	93,313	112,413	139,132	122,144	117,403
1100 - Medical Education & Research	79,306	78,934	78,984	68,568	7,725	7,725
1200 - State Government Special Rev	8,352	7,600	10,424	12,847	11,305	11,305
1250 - Health Care Response	40,253	94,014				
1251 - COVID-19 Minnesota	139,034	64,293				
2000 - Restrict Misc Special Revenue	3,025	2,315	2,221	7,229	1,278	1,278
2001 - Other Misc Special Revenue	51,658	746	822	4,500	632	632
2360 - Health Care Access	35,180	34,864	34,645	43,561	38,385	40,644
2403 - Gift	4	1	0	79		
2800 - Environmental	310	752				
3000 - Federal	169,065	308,686	521,784	320,344	253,729	239,781
3001 - Federal TANF	10,503	11,530	11,579	11,713	11,713	11,713
3010 - Coronavirus Relief	24,112	202,902	40,066			
3015 - ARP-State Fiscal Recovery			(2,786)			
Total	651,476	899,950	810,151	607,973	446,911	430,481
Biennial Change				(133,303)		(540,732)
Biennial % Change				(9)		(38)

Expenditures by Activity

Child and Family Health	165,690	163,074	168,442	222,756	221,505	217,106
Health Promotion and Chronic Disease	43,448	37,902	41,571	57,992	58,249	52,736
Community Health	232,165	485,518	458,597	168,313	99,667	94,350
Health Policy	207,824	211,439	137,728	152,646	55,458	54,257
Office of Medical Cannabis	2,350	2,017	3,812	5,891	4,205	4,205
Health Equity				375	7,827	7,827
Total	651,476	899,950	810,151	607,973	446,911	430,481

Expenditures by Category

Compensation	56,262	76,454	52,905	74,456	75,307	71,618
Operating Expenses	188,333	397,182	356,941	112,594	55,300	46,500
Grants, Aids and Subsidies	406,867	425,724	400,195	420,920	316,301	312,360
Capital Outlay-Real Property	12	541	8			

Health Improvement

Program Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
Other Financial Transaction	3	49	102	3	3	3
Total	651,476	899,950	810,151	607,973	446,911	430,481

Total Agency Expenditures	651,476	899,950	810,151	607,973	446,911	430,481
Internal Billing Expenditures	11,634	12,370	18,361	17,358	16,162	15,392
Expenditures Less Internal Billing	639,842	887,580	791,790	590,615	430,749	415,089

Full-Time Equivalents

485.50	654.92	493.79	560.81	574.05	518.40
---------------	---------------	---------------	---------------	---------------	---------------

Health Improvement

Program Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
1000 - General						
Balance Forward In	77	5,841	223	12,993		
Direct Appropriation	96,268	95,462	126,251	126,937	122,144	117,403
Transfers In	355	245	265			
Transfers Out	391	2,694	786	798		
Cancellations	27	5,318	548			
Balance Forward Out	5,608	223	12,993			
Expenditures	90,674	93,313	112,413	139,132	122,144	117,403
Biennial Change in Expenditures				67,557		(11,998)
Biennial % Change in Expenditures				37		(5)
Full-Time Equivalents	77.28	72.44	76.17	75.36	69.43	67.71

1100 - Medical Education & Research

Balance Forward In	529	215	427	433		
Receipts	78,991	78,991	78,991	68,135	7,725	7,725
Transfers In	150	150	150	150	150	150
Transfers Out	150	150	150	150	150	150
Balance Forward Out	213	271	433			
Expenditures	79,306	78,934	78,984	68,568	7,725	7,725
Biennial Change in Expenditures				(10,688)		(132,102)
Biennial % Change in Expenditures				(7)		(90)
Full-Time Equivalents	2.03	1.22	1.06	1.06	1.06	1.06

1200 - State Government Special Rev

Balance Forward In		696		1,542		
Direct Appropriation	7,614	6,924	11,967	11,305	11,305	11,305
Transfers In	1,449	1,449				
Transfers Out	77	691				
Cancellations		778				
Balance Forward Out	634		1,543			
Expenditures	8,352	7,600	10,424	12,847	11,305	11,305
Biennial Change in Expenditures				7,320		(661)
Biennial % Change in Expenditures				46		(3)
Full-Time Equivalents	53.76	47.51	56.13	56.28	56.28	56.28

Health Improvement

Program Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base	
	FY20	FY21	FY22	FY23	FY24	FY25

1250 - Health Care Response

Balance Forward In		89,954				
Direct Appropriation	132,526	10,339				
Cancellations		6,279				
Balance Forward Out	92,273					
Expenditures	40,253	94,014				
Biennial Change in Expenditures				(134,267)		0
Biennial % Change in Expenditures				(100)		
Full-Time Equivalents		3.36				

1251 - COVID-19 Minnesota

Balance Forward In		19,688				
Direct Appropriation	144,924	87,830				
Cancellations		43,225				
Balance Forward Out	5,890					
Expenditures	139,034	64,293				
Biennial Change in Expenditures				(203,327)		0
Biennial % Change in Expenditures				(100)		
Full-Time Equivalents		116.35				

2000 - Restrict Misc Special Revenue

Balance Forward In	5,653	5,630	5,956	5,950		
Receipts	1,374	1,261	1,035	199	198	198
Transfers In	1,021	1,003	1,046	1,080	1,080	1,080
Net Loan Activity	271	242	136			
Balance Forward Out	5,294	5,820	5,952			
Expenditures	3,025	2,315	2,221	7,229	1,278	1,278
Biennial Change in Expenditures				4,110		(6,894)
Biennial % Change in Expenditures				77		(73)
Full-Time Equivalents	6.71	4.03	4.03	2.29	1.84	1.84

2001 - Other Misc Special Revenue

Health Improvement

Program Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
Balance Forward In	2,311	2,857	4,031	3,868		
Receipts	728	771	661	632	632	632
Transfers In	50,800					
Transfers Out	24	68				
Balance Forward Out	2,157	2,814	3,870			
Expenditures	51,658	746	822	4,500	632	632
Biennial Change in Expenditures				(47,081)		(4,058)
Biennial % Change in Expenditures				(90)		(76)
Full-Time Equivalents	10.41	4.78	1.94	0.94	0.94	0.94

2360 - Health Care Access

Balance Forward In	3,799	6,425	4,214	6,729		
Direct Appropriation	37,285	36,968	37,512	36,832	38,385	40,644
Transfers In	182					
Transfers Out	182	634				
Cancellations	39	4,051	351			
Balance Forward Out	5,865	3,844	6,730			
Expenditures	35,180	34,864	34,645	43,561	38,385	40,644
Biennial Change in Expenditures				8,161		823
Biennial % Change in Expenditures				12		1
Full-Time Equivalents	65.21	47.52	58.89	58.89	55.34	53.86

2403 - Gift

Balance Forward In	41	44	47	79		
Receipts	6	3	32			
Balance Forward Out	44	47	79			
Expenditures	4	1	0	79		
Biennial Change in Expenditures				75		(79)
Biennial % Change in Expenditures				1,703		(100)

2800 - Environmental

Balance Forward In		296				
Transfers In	512	512				

Health Improvement

Program Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
Cancellations		56				
Balance Forward Out	202					
Expenditures	310	752				
Biennial Change in Expenditures				(1,062)		0
Biennial % Change in Expenditures				(100)		
Full-Time Equivalents	1.32	0.58				

3000 - Federal

Balance Forward In	360	408	12,585	168		
Receipts	170,908	309,963	509,366	320,176	253,729	239,781
Balance Forward Out	2,203	1,685	168			
Expenditures	169,065	308,686	521,784	320,344	253,729	239,781
Biennial Change in Expenditures				364,377		(348,618)
Biennial % Change in Expenditures				76		(41)
Full-Time Equivalents	266.36	250.13	285.85	363.93	387.10	334.65

3001 - Federal TANF

Balance Forward In	0					
Receipts	10,503	11,530	11,579	11,713	11,713	11,713
Expenditures	10,503	11,530	11,579	11,713	11,713	11,713
Biennial Change in Expenditures				1,258		134
Biennial % Change in Expenditures				6		1
Full-Time Equivalents	2.32	0.99	2.06	2.06	2.06	2.06

3010 - Coronavirus Relief

Balance Forward In		53,512	62,831			
Direct Appropriation	75,195	202,256	20,737			
Transfers Out		740				
Cancellations	944	48,212	43,503			
Balance Forward Out	50,138	3,913				
Expenditures	24,112	202,902	40,066			
Biennial Change in Expenditures				(186,949)		(40,066)
Biennial % Change in Expenditures				(82)		

Health Improvement

Program Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
Full-Time Equivalents	0.10	106.01	7.66			

3015 - ARP-State Fiscal Recovery

Cancellations			2,786			
Expenditures			(2,786)			
Biennial Change in Expenditures				(2,786)		2,786
Biennial % Change in Expenditures						

6000 - Miscellaneous Agency

Balance Forward In	15	0	8	54		
Receipts	76	71	71	72	72	72
Transfers Out	91	64	25	126	72	72
Balance Forward Out		8	54			

Program: Health Improvement
Activity: Child and Family Health

<https://www.health.state.mn.us/about/org/cfh/h>

AT A GLANCE

- Nutrition services for over 153,000 pregnant women, infants, and young children.
- Breastfeeding peer counseling services for over 7,000 women.
- Family planning counseling services for more than 45,000 low-income or high-risk individuals.
- 23,000 early childhood screenings and referral for assessment and services to families.
- Provides home visiting services for more than 6,600 families.
- Bereavement support and referral services for over 600 families experiencing a fetal or infant death.
- Help Me Connect online resource navigator accessed by over 77,500 families to find early childhood and family support resources in their community.
- Provides evidence-based curriculum for teen pregnancy prevention for over 4,700 high-risk teens and 1,600 parents.

PURPOSE AND CONTEXT

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

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

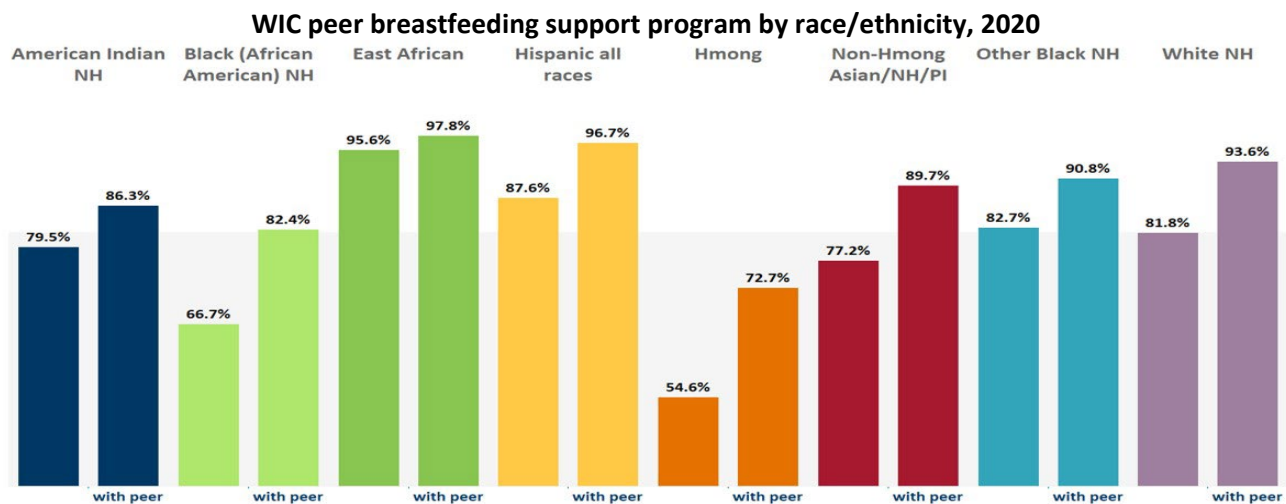
- Healthy births.
- Safe, stable, and nurturing environments for families.
- Access to adequate nutrition.
- Early identification of health, developmental, or social-emotional issues and provision of appropriate interventions.
- Prevention of unintended pregnancy.
- Abstaining from substance use.

SERVICES PROVIDED

- **Improve the health of women so babies are born healthy and address racial, ethnic, and socioeconomic disparities in maternal and infant health.** The Maternal and Child Health program encourages early access to prenatal care, provides support services to high-risk pregnant women, and encourages preventive care and healthy behaviors prior to and during pregnancy to reduce risk of birth defects and other adverse pregnancy outcomes. We address issues that impact birth outcomes such as substance use disorders, midwifery and doula care, and infant safe sleep activities. The program also identifies and reports issues that underlie maternal deaths. The Women Infant Children (WIC) Supplemental Nutrition program serves nearly 40% of all infants born in Minnesota, improving the nutrition of pregnant and postpartum women, infants, and young children through nutrition education, breastfeeding resources, and targeted supplemental foods.
- **Increase the proportion of planned pregnancies so families are better prepared to raise a child.** The Maternal and Child Health program provides pre-pregnancy family planning grants to reproductive health providers and local public health to ensure that family planning services are accessible to low-income and high-risk individuals.

- **Improve equitable access and outcomes for early identification and services, which address both developmental and behavioral health, as well as social determinants of health.** Help Me Connect, an online resource navigator, helps families and referring providers find prenatal and early childhood services that support healthy child development and family well-being, including basic needs. Help Me Connect is available in all 87 counties, 11 Tribal Nations, and multiple languages.
- **Assure early childhood screening so that children receive services and support for school readiness and success.** The Children and Youth with Special Health Needs (CYSHN) program provides trainings and grants to local public health agencies so that infants and children receive early and ongoing screening, intervention, and follow-up services. Our Maternal and Child Health program develops and trains health care providers and school nurses on screening protocols.
- **Help children and youth with special health care needs reach their full potential.** The CYSHN program addresses inequities experienced by families in accessing and paying for quality services and supports to care for their children by improving care coordination, transition from pediatric to adult health care, and ensuring families are connected early to local public health, primary and specialty care, and community resources.
- **Family Home Visiting.** We help connect families and pregnant women with prenatal care, educate about healthy child development in utero through early childhood, and promote responsive parent-child relationships. Home visiting ensures families with young children access to one-on-one support and community resources. The program also screens and refers children to appropriate early childhood services. We train home visiting staff, building local capacity to deliver strong programs to meet community needs.
- **Support teens and their families so teens are successful in school, avoid unintended pregnancies, and become healthy, self-reliant adults.** We provide teen pregnancy prevention and healthy youth development grants to local public health departments, schools, and non-profits. Additionally, we provide grants to school-based health centers delivering mental health support and clinical services for students and train pediatric providers, school nurses, and other youth providers in best practices in adolescent health.

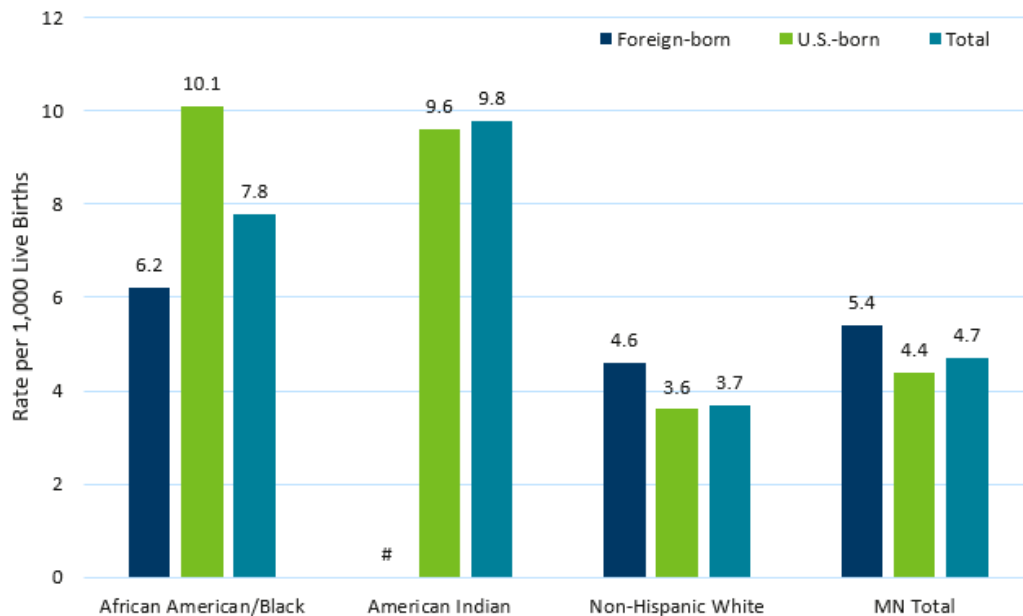
RESULTS



Black (A-A) includes mothers born in the U.S. who do not identify with another culture | East African includes Somali, Ethiopian, Kenyan, Sudanese, and Oromo | NH: Non-Hispanic

Breastfed babies are less likely to suffer from serious illnesses and are less likely to die in the first year of life. The WIC Peer Breastfeeding Support program funds counselors that are trained in management of normal breastfeeding, striving to help each parent reach their personal infant feeding goals. A result of the program is an increase in the number of women who started breastfeeding across all ethnicities and race.

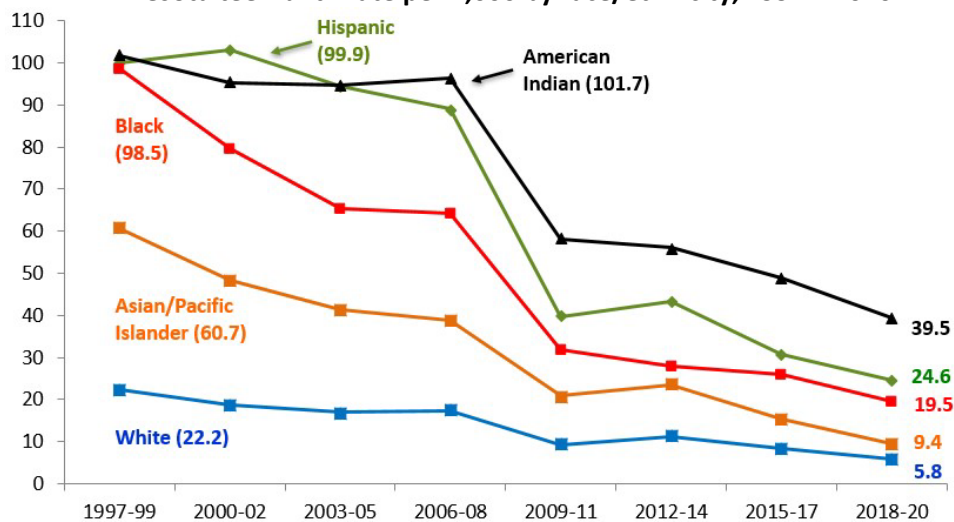
Minnesota infant mortality rates by selected maternal race/ethnicity & nativity, 2016-2020



Data are not shown when there are fewer than 10 deaths

Minnesota's infant mortality rate has declined by 42.5% since 1990, from a high of 7.3 deaths per 1,000 live births to 4.2 in 2020. Despite Minnesota's favorable infant mortality rate and ranking, substantial variation by race and ethnicity remains due to systemic racism and the impact of social determinants of health. Infants born to U.S.-born Black and American Indian women have the highest rates of mortality (10.1 and 9.6 respectively) compared to other racial and ethnic populations in the state.

Minnesota teen birth rate per 1,000 by race/ethnicity, 1997 – 2020

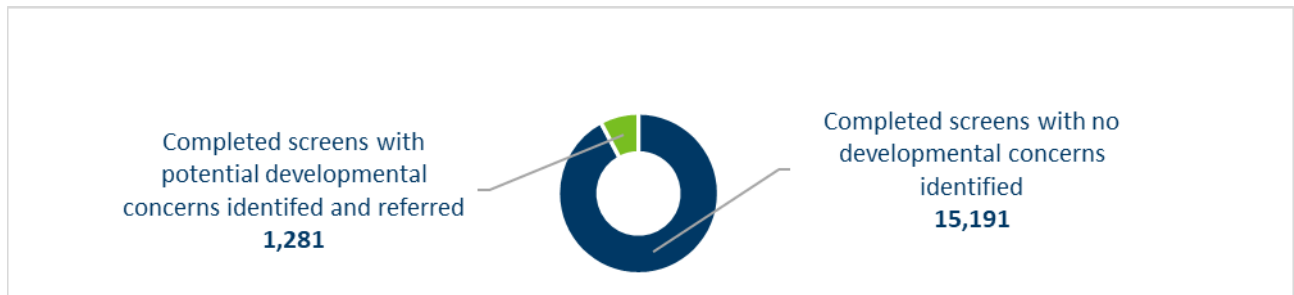


Source: Minnesota 2022 Adolescent Sexual Health Report - Pregnancy & Birth

Teen birth rates in Minnesota dropped 77% in the last 30 years, but significant disparities persist, particularly when teen birth rates are examined by poverty, race and ethnicity, and geography. For example, the birth rate for all other races was 2 to 7 times higher than white teens in 2020.

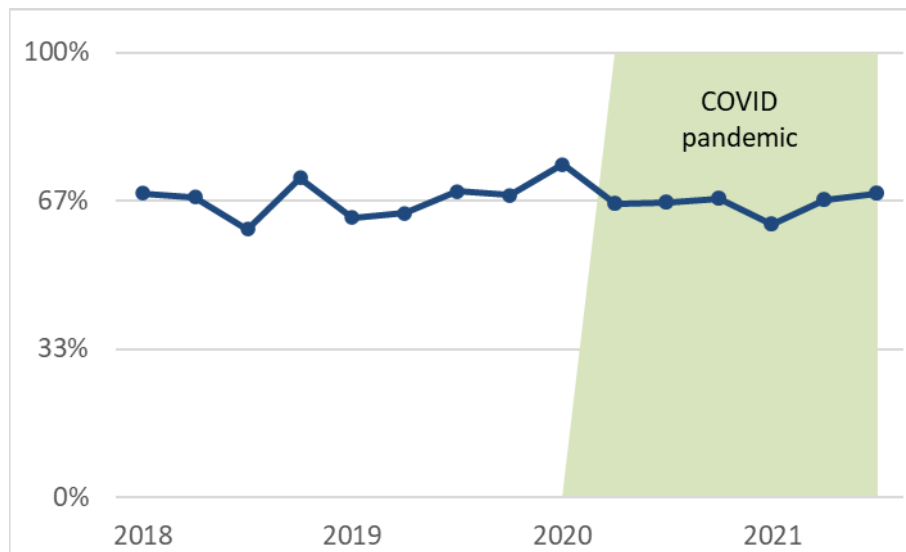
Early Identification for Physical and Social-Emotional Delays in Children 0-36 months

Developmental Concerns Identified through the Follow Along Program - 2021



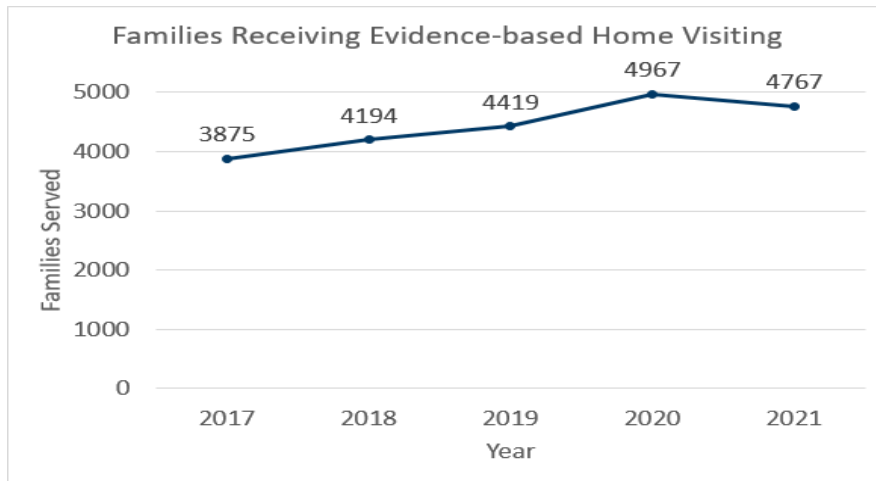
The Follow Along Program provides grant funding to local public health departments to assure that all families who have a child 0-36 months of age are offered physical and social-emotional developmental screening and referral to early intervention services as needed.

Percent of Children and Youth with Special Health Needs families referred to local public health agencies who received an assessment, 2018-2021



In 2021, the Children and Youth with Special Health Needs Section referred 1,245 Minnesota infants with a special health need to local public health agencies. Over 800 of those infants' families (67%) received an assessment that may cover income, infant growth and development, connection to community resources, caretaking and parenting, or health care supervision. The average assessment rate was consistent even during COVID response. Of the families who received an assessment, 82% received at least one intervention, such as general counseling or referrals related to educational and developmental resources, health insurance or public assistance.

Families receiving evidence-based home visiting, 2017-2021



Access to high quality, evidence-based home visiting has dramatically increased across the state as the program has supported local communities in implementing proven models that support pregnant women and families with young children. In 2012, only 47 counties (54%) were implementing an evidence-based model. Due to increased state investments, 85 counties (97%), 19 non-profits, and eight tribal nations were implementing the model by 2021.

Part B: Evidence of Effectiveness

Evidence-based Practice	Source of Evidence	FY 22-23 Expenditures
Family Home Visiting Models: Family Connects, Early Head Start, Family Spirit, Healthy Families America, Maternal Early Childhood Sustained Home Visiting, Nurse Family Partnership, Parents as Teachers	Department of Health and Human Services Home Visiting Evidence of Effectiveness, https://homvee.acf.hhs.gov/	Approximately \$23.5 million/year (grants to local communities including counties, tribal nations, and non-profits.)

STATUTES

M.S. 144.064 The Vivian Act, Cytomegalovirus (<https://www.revisor.mn.gov/statutes/cite/144.064>)
M.S. 144.125-144.128 Tests of Infants for Heritable and Congenital Disorders (<https://www.revisor.mn.gov/statutes/cite/144.125>)
M.S. 144.1251 Newborn Screening for Critical Congenital Heart Disease (CCHD) (<https://www.revisor.mn.gov/statutes/cite/144.1251>)
M.S. 144.1461 Dignity in Pregnancy and Childbirth (<https://www.revisor.mn.gov/statutes/cite/144.1461>)
M.S. 144.2215 Minnesota Birth Defects Information System (<https://www.revisor.mn.gov/statutes/?id=144.2215>)
M.S. 144.574 Dangers of Shaking Infants and Young Children (<https://www.revisor.mn.gov/statutes/?id=144.574>)
M.S. 144.966 Early Hearing Detection and Intervention Program (<https://www.revisor.mn.gov/statutes/?id=144.966>)
M.S. 145.4235 Positive Abortion Alternatives Program (<https://www.revisor.leg.state.mn.us/statutes/?id=145.4235>)
M.S. 145.4243 Woman's Right to Know Printed Information (<https://www.revisor.mn.gov/statutes/?id=145.4243>)

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

Child and Family Health

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	32,588	32,273	34,334	38,368	36,565	35,084
1200 - State Government Special Rev	1,058	1,046	1,467	2,157	2,140	2,140
2000 - Restrict Misc Special Revenue	6	5	4	16	8	8
2001 - Other Misc Special Revenue	56	4	4	22	1	1
2403 - Gift				1		
3000 - Federal	123,160	120,189	123,047	172,479	173,078	170,160
3001 - Federal TANF	8,823	9,557	9,586	9,713	9,713	9,713
Total	165,690	163,074	168,442	222,756	221,505	217,106
Biennial Change				62,435		47,413
Biennial % Change				19		12

Expenditures by Category

Compensation	10,957	9,594	11,495	17,237	18,056	17,077
Operating Expenses	9,572	8,419	10,934	15,646	13,893	12,986
Grants, Aids and Subsidies	145,159	145,060	146,013	189,871	189,554	187,041
Other Financial Transaction	2		1	2	2	2
Total	165,690	163,074	168,442	222,756	221,505	217,106

Total Agency Expenditures	165,690	163,074	168,442	222,756	221,505	217,106
Internal Billing Expenditures	3,260	2,485	4,114	4,583	4,365	4,253
Expenditures Less Internal Billing	162,429	160,589	164,329	218,173	217,140	212,853

<u>Full-Time Equivalents</u>	105.37	88.56	102.10	129.85	123.23	113.04
-------------------------------------	---------------	--------------	---------------	---------------	---------------	---------------

Child and Family Health

Activity Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base	
	FY20	FY21	FY22	FY23	FY24	FY25
1000 - General						
Balance Forward In		1,170		1,982		
Direct Appropriation	33,599	33,649	36,445	36,515	36,565	35,084
Transfers In	110					
Transfers Out		669	129	129		
Cancellations	15	1,877				
Balance Forward Out	1,106		1,982			
Expenditures	32,588	32,273	34,334	38,368	36,565	35,084
Biennial Change in Expenditures				7,842		(1,053)
Biennial % Change in Expenditures				12		(1)
Full-Time Equivalents	22.66	18.48	20.63	20.63	19.40	18.93

1200 - State Government Special Rev

Balance Forward In		134		17		
Direct Appropriation	1,159	1,068	1,484	2,140	2,140	2,140
Cancellations		156				
Balance Forward Out	101		17			
Expenditures	1,058	1,046	1,467	2,157	2,140	2,140
Biennial Change in Expenditures				1,520		656
Biennial % Change in Expenditures				72		18
Full-Time Equivalents	5.28	3.55	6.82	6.82	6.82	6.82

2000 - Restrict Misc Special Revenue

Balance Forward In	6		6	8		
Receipts		11	6	8	8	8
Balance Forward Out		6	8			
Expenditures	6	5	4	16	8	8
Biennial Change in Expenditures				9		(4)
Biennial % Change in Expenditures				83		(21)

2001 - Other Misc Special Revenue

Balance Forward In	27	25	7	21		
Receipts	50	0	18	1	1	1
Transfers Out		13				

Child and Family Health

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base FY24 FY25	
Balance Forward Out	21	7	21			
Expenditures	56	4	4	22	1	1
Biennial Change in Expenditures				(35)		(24)
Biennial % Change in Expenditures				(58)		(92)

2403 - Gift

Balance Forward In	1	1	1	1		
Balance Forward Out	1	1	1			
Expenditures				1		
Biennial Change in Expenditures				1		(1)
Biennial % Change in Expenditures						

3000 - Federal

Balance Forward In	265	261	174	13		
Receipts	123,153	120,189	122,886	172,466	173,078	170,160
Balance Forward Out	259	261	13			
Expenditures	123,160	120,189	123,047	172,479	173,078	170,160
Biennial Change in Expenditures				52,177		47,712
Biennial % Change in Expenditures				21		16
Full-Time Equivalents	75.11	65.54	72.59	100.34	94.95	85.23

3001 - Federal TANF

Balance Forward In	0					
Receipts	8,823	9,557	9,586	9,713	9,713	9,713
Expenditures	8,823	9,557	9,586	9,713	9,713	9,713
Biennial Change in Expenditures				920		127
Biennial % Change in Expenditures				5		1
Full-Time Equivalents	2.32	0.99	2.06	2.06	2.06	2.06

Program: Health Improvement

Activity: Health Promotion and Chronic Disease

<https://www.health.state.mn.us/about/org/hpcd/>

AT A GLANCE

- Maintains the statewide cancer reporting system and registered over 35,000 new cancer cases.
- Supports a total of 30,137 Minnesotans who enrolled in a diabetes prevention program proven to reduce the risk of developing diabetes by 58%.
- Manages 44,319 calls through the state's poison control system from residents who were poisoned or in danger of being poisoned.
- Provides grants to support National Suicide Prevention Lifeline Centers that handled 33,887 calls from Minnesota.
- Provides services for 9,782 Minnesotans with a traumatic brain or spinal cord injury.

PURPOSE AND CONTEXT

Health Promotion and Chronic Disease (HPCD) provides leadership in the prevention and management of chronic diseases and injuries, including efforts to eliminate health disparities. Chronic diseases are ongoing, generally incurable illnesses or conditions, such as heart disease, asthma, Alzheimer's and related dementias, cancer, arthritis, diabetes, and dental disease. Chronic diseases and injuries (e.g., suicides and substance abuse) negatively impact the health of the population by contributing to long-term disabilities, diminished quality of life, and high health care costs. These diseases are often preventable and frequently manageable through early detection, treatment, regular care, and lifestyle changes, such as diet or exercise.

We partner with community-based and other statewide organizations to:

- Monitor chronic diseases and injuries to report statewide trends, geographic patterns, and risk factors.
- Provide data, grants, and technical assistance to local governments, community-based organizations, and health systems to address disparities, support community resiliency, and eliminate health disparities.
- Improve clinical services to prevent and manage chronic diseases, injuries, and related complications and to ensure proper referral for treatment and support programs.
- Increase availability, access, participation, and sustainability of evidence-based programs that prevent and manage chronic conditions.
- Provide information to the public about how to prevent and/or manage chronic disease and injury.

SERVICES PROVIDED

Partner with health systems to implement changes to deliver high-quality care for all patients, especially those most likely to become disabled or die from chronic diseases and injuries.

- Promote collaboration among health care providers to improve cancer screening and other preventive services.
- Develop and promote services designed to heal the trauma experienced by sexually exploited youth through the Safe Harbor Program.
- Help health systems implement care practices that prioritize early detection and management of chronic disease risk factors and healthy aging.
- Provide funding for health care improvement programs such as dental sealants, cancer screening, and health coaching for people living with diabetes and hypertension.
- Pay health care providers to offer free breast, cervical, and other health screening along with follow-up services and counseling to eligible low-income, uninsured, and underinsured Minnesotans.

- Maintain a statewide system to help local professionals track and manage Naloxone to prevent drug overdose deaths.
- Collaborate with other agencies to promote healthy home and work environments.

Build relationships between clinics and community groups to improve management of chronic conditions.

- Provide tools, training, support, and peer learning opportunities for providers and evidence-based programs.
- Sustain programming to support self-management for people with chronic conditions and injuries.
- Develop materials and train community health workers to better work with underserved and at-risk populations.
- Support community and medical partners in implementing statewide plans for chronic disease, injury, and violence prevention.
- Provide grants for Minnesotans with a traumatic brain or spinal cord injury to receive medical follow-up, employment, education, and family counseling sessions.

Develop, collect, and share data to inform chronic disease and injury prevention and management initiatives.

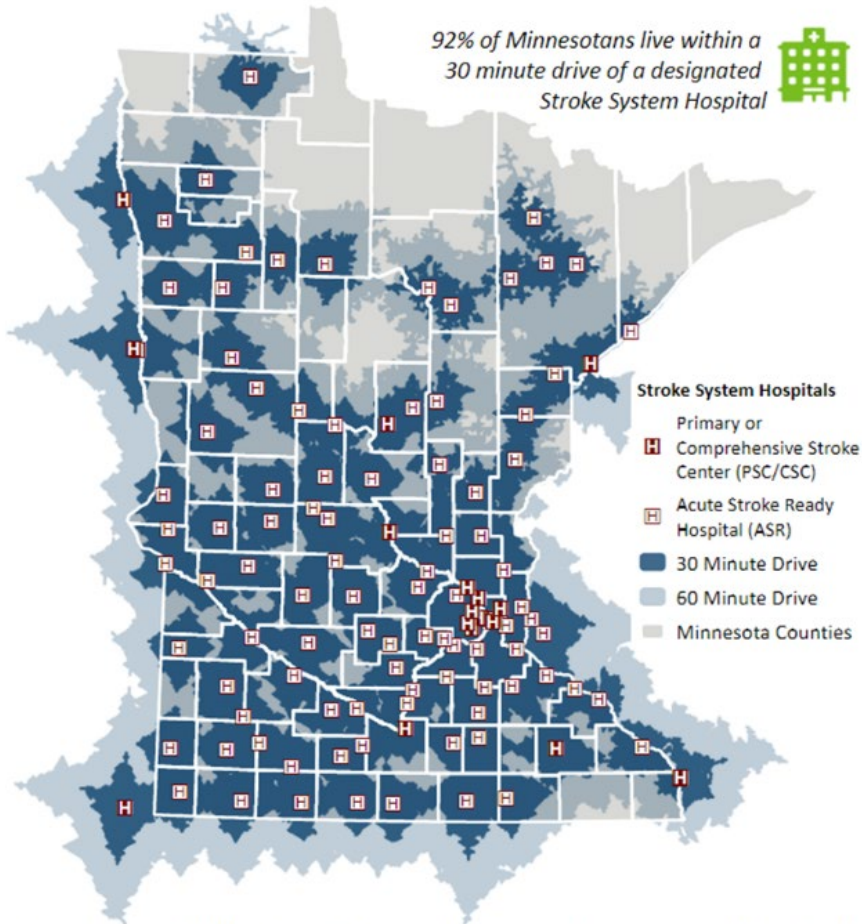
- Maintain a statewide registry of cancer cases.
- Analyze and report on the prevalence, disparities, and trends in deaths and disabilities from specific chronic diseases, injury, and violence.
- Collect, analyze, and report on rates and trends of workplace hazards, illnesses, and injuries.
- Provide funding to the four in-state National Suicide Prevention Lifeline (Lifeline) Centers that provide localized support to people who are in a mental health crisis or experiencing thoughts of suicide.
- Use data to identify possible connections between chronic diseases and environmental exposures.
- Provide funding to the Minnesota Poison Control System to assist parents, families, and others regarding poisoning incidents with 90% of calls where a person was exposed to a poison at their residence being able to manage the incident at home, preventing unnecessary health care utilization, avoiding potential medical costs, and reducing crowding in the emergency department.

RESULTS

Expanding access to designated stroke centers



Minnesota Stroke System Coverage Drive Time to Designated Stroke System Hospitals June 2022



For more information on the MN Stroke System, visit <https://www.health.state.mn.us/diseases/cardiovascular/stroke/system.html>
Map prepared by the MDH Cardiovascular Health Unit, June 2022

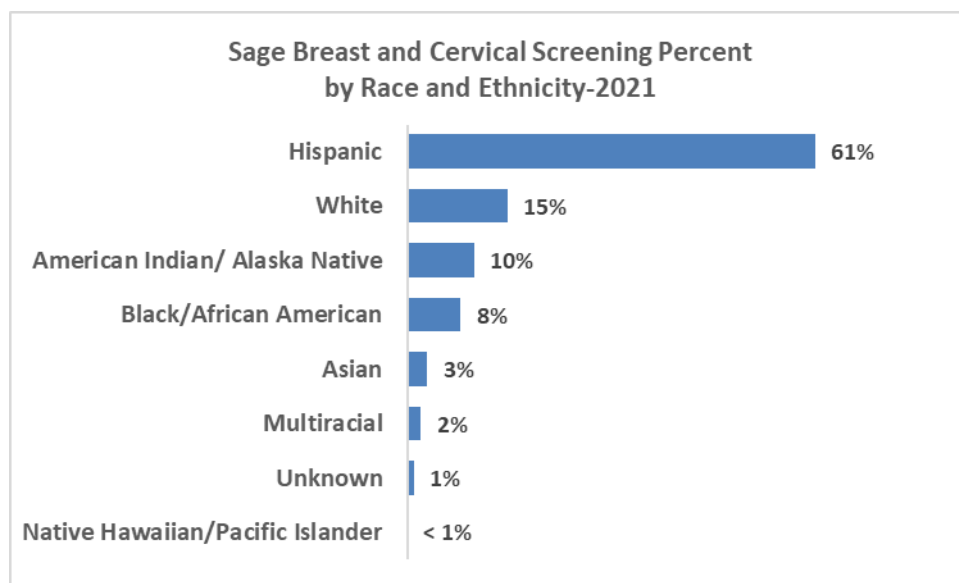
% Minnesotans Living Within a 30 Minute Drive of a Stroke Center

2012	2022
60%	92%

In 2012, only 60% of Minnesota's population lived within 30 minutes of a designated stroke center. Since then, the Minnesota Stroke Program has worked with hospitals across the state to build additional capacity to treat stroke and encourage them to take steps to meet official stroke designation standards.

In 2022, there are 116 designated stroke hospitals in the state, thereby lowering the disparity to 92% now living within a 30-minute drive of a designated Stroke System Hospital. Over the last 10 years, 1.8 million more Minnesota residents gained access to a designated stroke center, significantly improving the quality of health care and outcomes.

Serving diverse populations through cancer screening



The MDH Sage Program partners with 480 clinics in the state to screen about 10,000 uninsured and underinsured women for breast and cervical cancer and cardiovascular health every year.

Sage continues to increase reach into diverse and underserved communities. In 2013, people of color and American Indians comprised 46% of Sage breast and cervical patients. By 2021, this percentage increased to 85%. Sage additionally supports cancer screening by working with clinics to improve their health systems and by providing patient navigation services in multiple languages to about 3,000 Minnesotans annually, regardless of their insurance or income status. These services include helping to find a screening clinic, setting up appointments, coordinating follow-up visits, and health coaching.

Increasing access to suicide prevention services by adding four in-state National Suicide Prevention Lifeline Centers

Yearly call volumes to the National Suicide Prevention Lifeline have increased over time



From 2017 to 2021, calls to the Lifeline increased by 54% from nearly 22,000 in 2017 to almost 34,000 in 2021. Suicide, or death by intentional self-harm, is the eighth leading cause of death in Minnesota. For the past 20

years, the number of suicides in Minnesota has steadily increased, mirroring patterns across the United States and contributing to a decline in average life expectancy. With the recent transition to the national three-digit dialing code, 988, calls to the Lifeline are expected to continue to increase.

STATUTES

M.S. 144.05 subd. 5 Firearms Data (<https://www.revisor.mn.gov/statutes/?id=144.05>)
M.S. 144.497 ST Elevation Myocardial Infarction (<https://www.revisor.mn.gov/statutes/?id=144.497>)
M.S. 144.6586 Notice of Rights to Sexual Assault Victim (<https://www.revisor.mn.gov/statutes/?id=144.6586>)
M.S. 144.661 - 144.665 Traumatic Brain and Spinal Cord Injuries
(<https://www.revisor.mn.gov/statutes/?id=144.661>)
M.S. 144.671 - 144.69 Cancer Reporting System (<https://www.revisor.mn.gov/statutes/?id=144.671>)
M.S. 144.492 Stroke Centers and Stroke Hospitals (<https://www.revisor.mn.gov/statutes/?id=144.492>)
M.S. 145.4711 - 145.4713 Sexual Assault Victims (<https://www.revisor.mn.gov/statutes/?id=145.4711>)
M.S. 145.4715 Reporting Prevalence of Sexual Violence (<https://www.revisor.mn.gov/statutes/?id=145.4715>)
M.S. 145.4716 - 145.4718 Safe Harbor for Sexually Exploited Youth
(<https://www.revisor.mn.gov/statutes/?id=145.4716>)
M.S. 145.56 Suicide Prevention (<https://www.revisor.mn.gov/statutes/?id=145.56>)
M.S. 145.867 Persons Requiring Special Diets (<https://www.revisor.mn.gov/statutes/?id=145.867>)
M.S. 145.93 Poison Control System (<https://www.revisor.mn.gov/statutes/?id=145.93>)
M.S. 145.958 Youth Violence Prevention (<https://www.revisor.mn.gov/statutes/?id=145.958>) M.S. 157.177 Sex
Trafficking Prevention Training (<https://www.revisor.mn.gov/laws/2018/0/Session+Law/Chapter/179/>)
M.S. 256B.057 subd. 10 Certain Persons Needed Treatment for Breast or Cervical Cancer
(<https://www.revisor.mn.gov/statutes/?id=256B.057>)

Health Promotion and Chronic Disease

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	14,979	13,889	14,109	16,074	14,839	14,839
2000 - Restrict Misc Special Revenue	1,633	1,378	1,294	1,609	1,082	1,082
2001 - Other Misc Special Revenue	57	198	108	24	14	14
2403 - Gift	2	0	0	31		
2800 - Environmental	310	752				
3000 - Federal	26,467	21,685	26,059	40,254	42,314	36,801
Total	43,448	37,902	41,571	57,992	58,249	52,736
Biennial Change				18,213		11,422
Biennial % Change				22		11

Expenditures by Category

Compensation	13,055	14,193	14,685	23,458	24,414	21,405
Operating Expenses	7,827	8,246	8,123	12,291	10,650	9,238
Grants, Aids and Subsidies	22,554	15,074	18,763	22,243	23,185	22,093
Capital Outlay-Real Property	12	387				
Other Financial Transaction		1				
Total	43,448	37,902	41,571	57,992	58,249	52,736

Total Agency Expenditures	43,448	37,902	41,571	57,992	58,249	52,736
Internal Billing Expenditures	2,705	3,180	3,151	3,672	3,682	2,971
Expenditures Less Internal Billing	40,743	34,722	38,420	54,320	54,567	49,765

Full-Time Equivalents

133.75	134.97	139.07	179.10	208.60	162.51
---------------	---------------	---------------	---------------	---------------	---------------

Health Promotion and Chronic Disease

Activity Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base	
	FY20	FY21	FY22	FY23	FY24	FY25
1000 - General						
Balance Forward In	0	561		1,235		
Direct Appropriation	15,500	14,280	15,403	14,839	14,839	14,839
Transfers In	245	245	265			
Transfers Out	245	519				
Cancellations	8	678	324			
Balance Forward Out	513		1,235			
Expenditures	14,979	13,889	14,109	16,074	14,839	14,839
Biennial Change in Expenditures				1,315		(505)
Biennial % Change in Expenditures				5		(2)
Full-Time Equivalents	33.88	32.87	32.16	31.60	29.69	28.95

2000 - Restrict Misc Special Revenue

Balance Forward In	634	440	598	526		
Receipts	339	525	177	3	2	2
Transfers In	1,021	1,003	1,046	1,080	1,080	1,080
Balance Forward Out	361	591	527			
Expenditures	1,633	1,378	1,294	1,609	1,082	1,082
Biennial Change in Expenditures				(107)		(739)
Biennial % Change in Expenditures				(4)		(25)
Full-Time Equivalents	1.56	0.98	0.92	0.73	0.53	0.53

2001 - Other Misc Special Revenue

Balance Forward In	73	69	108	10		
Receipts	26	206	10	14	14	14
Transfers Out	23	10				
Balance Forward Out	19	67	10			
Expenditures	57	198	108	24	14	14
Biennial Change in Expenditures				(123)		(104)
Biennial % Change in Expenditures				(48)		(79)
Full-Time Equivalents		0.30	0.94	0.94	0.94	0.94

2403 - Gift

Balance Forward In	21	22	25	31		
--------------------	----	----	----	----	--	--

Health Promotion and Chronic Disease

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base FY24 FY25	
Receipts	3	3	6			
Balance Forward Out	22	25	31			
Expenditures	2	0	0	31		
Biennial Change in Expenditures				29		(31)
Biennial % Change in Expenditures				1,357		(100)

2800 - Environmental

Balance Forward In		296				
Transfers In	512	512				
Cancellations		56				
Balance Forward Out	202					
Expenditures	310	752				
Biennial Change in Expenditures				(1,062)		0
Biennial % Change in Expenditures				(100)		
Full-Time Equivalents	1.32	0.58				

3000 - Federal

Balance Forward In	6	41	31			
Receipts	26,467	21,690	26,028	40,254	42,314	36,801
Balance Forward Out	6	46				
Expenditures	26,467	21,685	26,059	40,254	42,314	36,801
Biennial Change in Expenditures				18,161		12,802
Biennial % Change in Expenditures				38		19
Full-Time Equivalents	96.99	100.24	105.05	145.83	177.44	132.09

Program: Health Improvement

Activity: Community Health

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

AT A GLANCE

- Provide support, training, and technical assistance to Minnesota’s community health boards, tribal nations, community organizations, and health care systems.
- Distribute funds to 51 community health boards, 10 tribal nations, and eight regional health care coalitions, to support local community health and emergency preparedness activities.
- Implement the State Health Improvement Partnership program in all 87 counties and with 10 tribal nations, including collaboration with over 6,400 partners such as schools and worksites.
- Coordinate the emergency response activities for MDH, in partnership with community health boards, tribal governments, and eight regional health care preparedness coalitions during the occurrence of a disaster.
- Conduct health surveys, including the Minnesota Student Survey (every 3 years), the Behavioral Risk Factor Surveillance System (annually), Youth Tobacco Survey (every 3 years), and School Health Profiles (every 2 years), which provides crucial data on the health behaviors and trends in Minnesota.
- Help Minnesotans quit using commercial tobacco products through Quitline programs; over 13,000 Minnesotans have been enrolled since April 2020.

PURPOSE AND CONTEXT

State, local, and tribal public health departments in Minnesota have a unique responsibility to detect, prevent, and respond to public health challenges. Health departments need skills and capabilities to support community health and wellbeing programs and coordinate across sectors when emergencies occur. Minnesota’s public health system is undergoing a significant transformation to address gaps highlighted during the COVID-19 response. This transformation will strengthen Minnesota’s governmental public health system so every community can expect a basic level of public health protections. The three centers within this budget activity work across the Department of Health (MDH), with local and tribal health departments, and with multiple community partners to build foundational capabilities and advance health equity through the provision of funding, guidance, technical assistance, and training. Each center has a specific area of focus and provides a particular set of services.

SERVICES PROVIDED

Emergency Preparedness and Response

- Lead MDH response to and recovery from disasters and public health emergencies in coordination with state and local partners.
- Provide training and exercises to build response capacity within MDH and support our local public health and tribal health partners in becoming response ready.
- Maintain the MDH Business Continuity Plan to ensure the agency can deliver priority services when directly impacted by a disaster or emergency.
- Support local public health, tribes, health care systems, health care coalitions, and response partners during an emergency.
- Support MDH COVID-19 response and develop a transition plan to integrate COVID-19 activities into the agency.
- Administer an alert network to rapidly notify health care, public health, and community partners about emerging disease threats or other health hazards such as contaminated medications or food.

- Prepare for the need to rapidly receive, stage, store, and distribute vaccines, medication, and other critical supplies to protect people and communities during an emergency.
- Ensure a cohort of trained staff (strike team members) who can quickly and effectively stand up and maintain a response structure in the event of a public health emergencies.

Public Health Practice

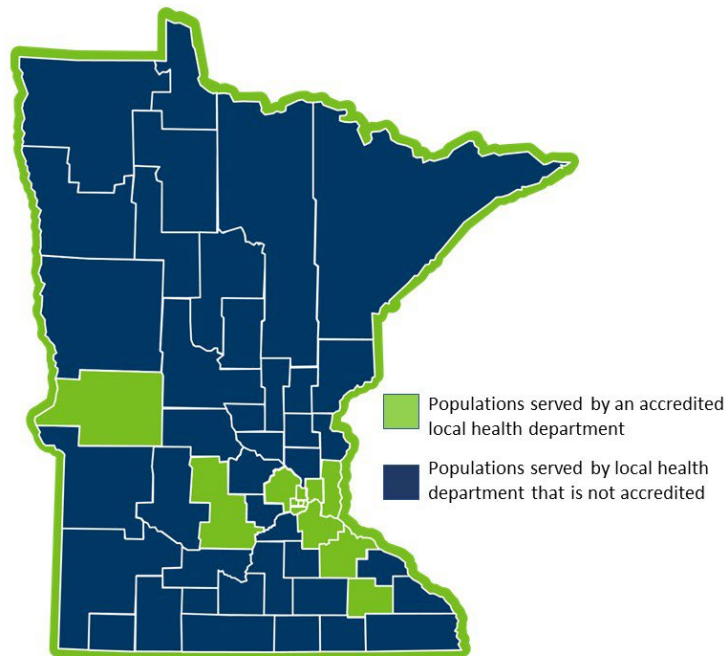
- Bring together the State Community Health Services Advisory Committee and local health directors to develop policies, practices, and guidance to ensure everyone in Minnesota has access to quality public health, regardless of where they live.
- Provide training, technical assistance, and coaching to health departments on foundational public health capabilities, including communications, leadership, workforce development, quality improvement, community assessment, and partnership development.
- Collect, analyze, and share data about the public health system including financing, staffing, and performance.
- Help MDH and local and tribal health departments seek and maintain national public health accreditation.
- Conduct surveys to measure the health status of Minnesotans, analyze local health trend, and serve as a source of health statistics.
- Provide staffing and direction to MDH's Institutional Review Board.

Statewide Health Improvement Initiatives

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

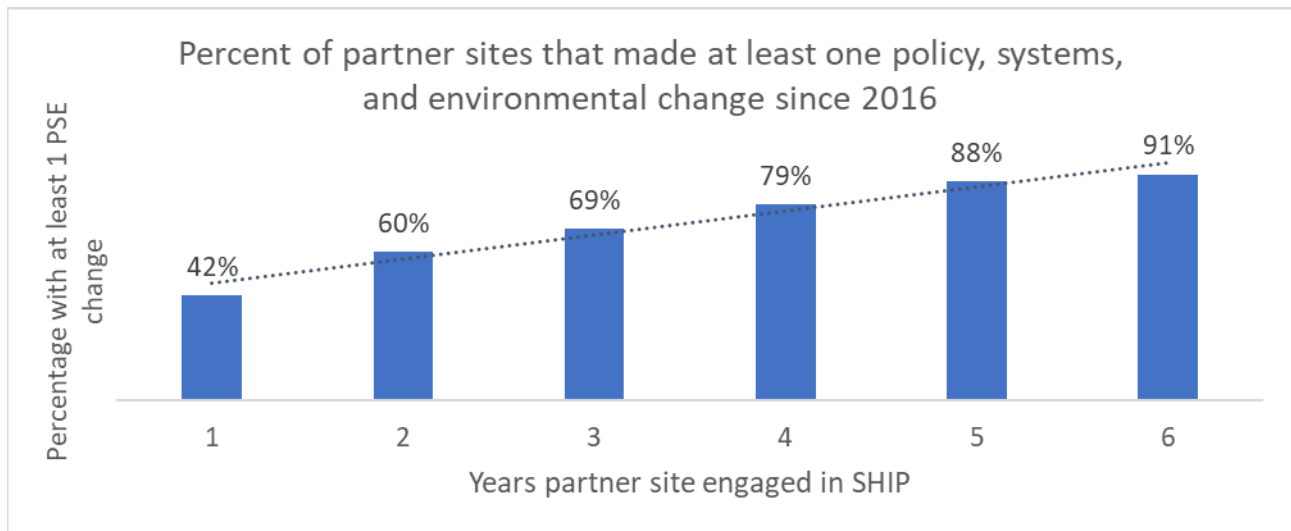
RESULTS

Populations served by nationally accredited local health department



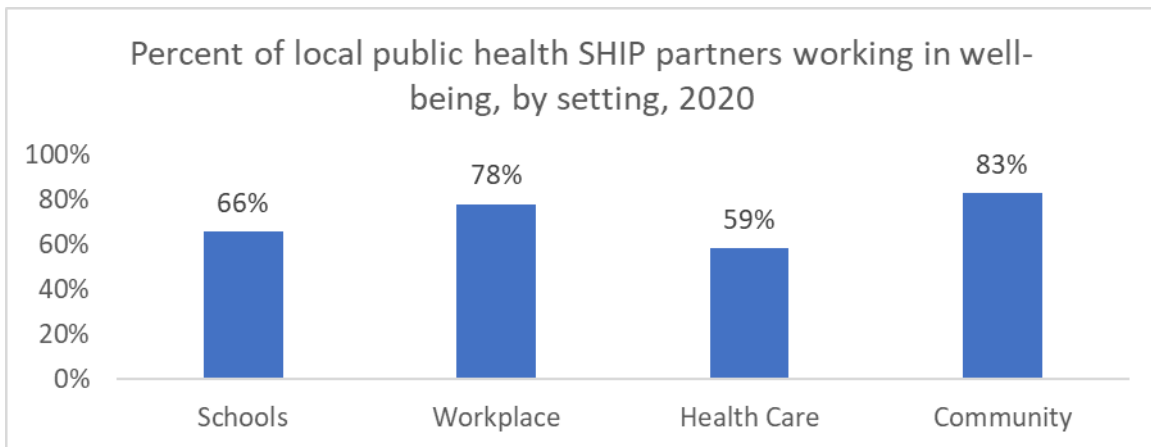
As of 2021, 51% of Minnesota's population is served by a local health department that fulfill foundational public health responsibilities as demonstrated by public health accreditation.

Statewide Health Improvement Partnership (SHIP) partners making policy, system, and environmental changes



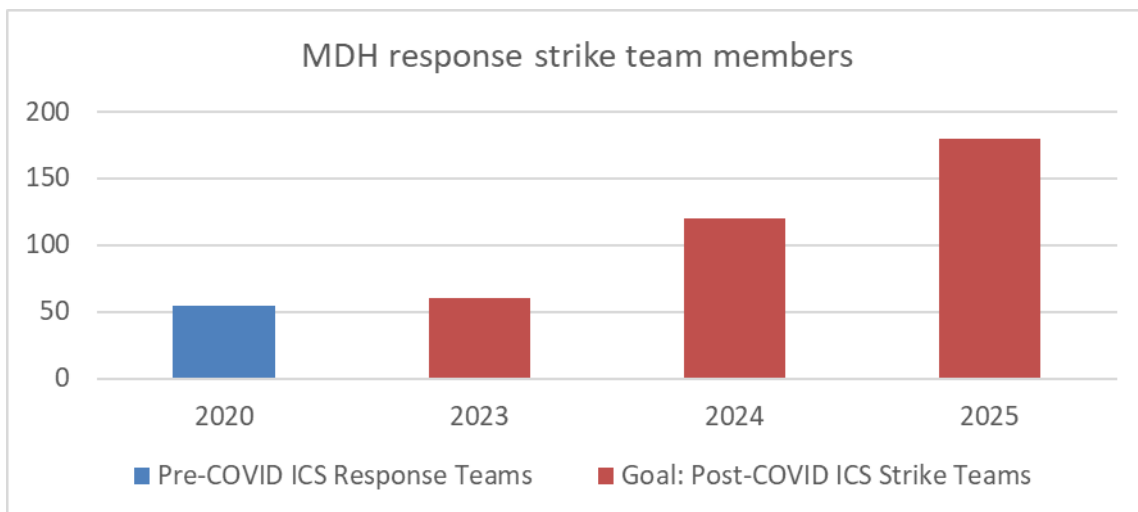
SHIP partner sites are reporting greater success at making policy, systems, or environmental (PSE) changes. The longer a site is engaged with SHIP local public health or MDH, the more likely they are to make PSE changes that support healthier communities.

Local public health SHIP partners working to promote well-being



A change in the SHIP statute in 2020 resulted in the addition of wellbeing as an allowable PSE strategy to improve health outcomes for all Minnesotans. Since that time all local public health SHIP partners have seen significant interest across all settings to implement SHIP well-being strategies such as social and emotional learning activities for students in schools and building trauma informed skills at the leadership level in workplaces to support the mental wellbeing of employees.

Number of MDH incident command system (ICS) response strike team members



In 2020, MDH had 54 trained staff (strike team members) who could quickly and effectively stand up and maintain a response structure in the event of a public health emergency. By 2025, MDH has a goal of having 180 trained strike team members.

STATUTES

M.S. 12A.08 Natural Disaster; State Assistance (<https://www.revisor.mn.gov/statutes/?id=12A.08>)

M.S. 144.396 Tobacco-Free Communities in Minnesota (<https://www.revisor.mn.gov/statutes/?id=144.396>)

M.S. 144.4197 Emergency Vaccine Administration; Legend Drug
(<https://www.revisor.mn.gov/statutes/?id=144.4197>)

M.S. 145A Community Health Boards (<https://www.revisor.mn.gov/statutes/?id=145A>)

M.S. 145.986 Minnesota Statewide Health Improvement Initiatives
(<https://www.revisor.mn.gov/statutes/?id=145.986>)

M.S. 151.37 Legend Drugs, Who May Prescribe, Possess (<https://www.revisor.mn.gov/statutes/?id=151.37>)

Community Health

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	32,924	34,584	50,221	59,747	47,446	47,446
1251 - COVID-19 Minnesota	139,034	64,293				
2000 - Restrict Misc Special Revenue	228	85	153	140	70	70
2001 - Other Misc Special Revenue	784	30	5	13		
2360 - Health Care Access	16,979	17,452	17,364	20,397	17,679	17,679
2403 - Gift	0	0	0	39		
3000 - Federal	16,424	164,197	351,582	85,977	34,472	29,155
3001 - Federal TANF	1,681	1,974	1,992	2,000		
3010 - Coronavirus Relief	24,112	202,902	40,066			
3015 - ARP-State Fiscal Recovery			(2,786)			
Total	232,165	485,518	458,597	168,313	99,667	94,350
Biennial Change				(90,773)		(432,893)
Biennial % Change				(13)		(69)

Expenditures by Category

Compensation	19,947	42,060	14,568	19,009	17,905	18,204
Operating Expenses	160,207	354,569	324,716	57,651	18,454	13,174
Grants, Aids and Subsidies	52,011	88,686	119,204	91,653	63,308	62,972
Capital Outlay-Real Property		155	8			
Other Financial Transaction		48	101			
Total	232,165	485,518	458,597	168,313	99,667	94,350

Total Agency Expenditures	232,165	485,518	458,597	168,313	99,667	94,350
Internal Billing Expenditures	1,941	3,179	6,585	4,597	4,206	4,118
Expenditures Less Internal Billing	230,224	482,339	452,012	163,716	95,461	90,232

<u>Full-Time Equivalents</u>	117.76	327.82	137.10	136.62	125.32	127.41
-------------------------------------	---------------	---------------	---------------	---------------	---------------	---------------

Community Health

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
1000 - General						
Balance Forward In		977		5,897		
Direct Appropriation	34,041	35,217	56,824	54,367	47,446	47,446
Transfers Out	146	600	517	517		
Cancellations		1,010	189			
Balance Forward Out	971		5,897			
Expenditures	32,924	34,584	50,221	59,747	47,446	47,446
Biennial Change in Expenditures				42,460		(15,076)
Biennial % Change in Expenditures				63		(14)
Full-Time Equivalents	13.46	15.91	14.72	14.55	7.10	6.91

1251 - COVID-19 Minnesota

Balance Forward In		19,688				
Direct Appropriation	144,924	87,830				
Cancellations		43,225				
Balance Forward Out	5,890					
Expenditures	139,034	64,293				
Biennial Change in Expenditures				(203,327)		0
Biennial % Change in Expenditures				(100)		
Full-Time Equivalents		116.35				

2000 - Restrict Misc Special Revenue

Balance Forward In	62	17	95	70		
Receipts	185	110	128	70	70	70
Balance Forward Out	20	42	70			
Expenditures	228	85	153	140	70	70
Biennial Change in Expenditures				(20)		(153)
Biennial % Change in Expenditures				(6)		(52)
Full-Time Equivalents	0.64	0.01	0.37			

2001 - Other Misc Special Revenue

Balance Forward In	40	89	17	13		
Receipts	32	2	1			
Transfers In	800					

Community Health

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base FY24 FY25	
Transfers Out		44				
Balance Forward Out	89	17	13			
Expenditures	784	30	5	13		
Biennial Change in Expenditures				(796)		(18)
Biennial % Change in Expenditures				(98)		(100)
Full-Time Equivalents	4.48	0.35				

2360 - Health Care Access

Balance Forward In	2,959	3,679	2,639	2,718		
Direct Appropriation	17,636	17,679	17,679	17,679	17,679	17,679
Cancellations		1,473	235			
Balance Forward Out	3,616	2,433	2,719			
Expenditures	16,979	17,452	17,364	20,397	17,679	17,679
Biennial Change in Expenditures				3,331		(2,403)
Biennial % Change in Expenditures				10		(6)
Full-Time Equivalents	14.08	11.74	13.35	13.35	12.55	12.21

2403 - Gift

Balance Forward In	11	13	13	39		
Receipts	2	0	26			
Balance Forward Out	13	13	39			
Expenditures	0	0	0	39		
Biennial Change in Expenditures				38		(39)
Biennial % Change in Expenditures				7,067		(100)

3000 - Federal

Balance Forward In	12	33	12,265	13		
Receipts	18,266	165,483	339,330	85,964	34,472	29,155
Balance Forward Out	1,854	1,319	13			
Expenditures	16,424	164,197	351,582	85,977	34,472	29,155
Biennial Change in Expenditures				256,938		(373,932)
Biennial % Change in Expenditures				142		(85)
Full-Time Equivalents	85.00	77.45	101.00	108.72	105.67	108.29

Community Health

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base FY24 FY25
--	----------------	----------------	----------------	------------------	----------------------------

3001 - Federal TANF

Receipts	1,681	1,974	1,992	2,000	
Expenditures	1,681	1,974	1,992	2,000	
Biennial Change in Expenditures				338	(3,992)
Biennial % Change in Expenditures				9	(100)

3010 - Coronavirus Relief

Balance Forward In		53,512	62,831		
Direct Appropriation	75,195	202,256	20,737		
Transfers Out		740			
Cancellations	944	48,212	43,503		
Balance Forward Out	50,138	3,913			
Expenditures	24,112	202,902	40,066		
Biennial Change in Expenditures				(186,949)	(40,066)
Biennial % Change in Expenditures				(82)	
Full-Time Equivalents	0.10	106.01	7.66		

3015 - ARP-State Fiscal Recovery

Cancellations			2,786		
Expenditures			(2,786)		
Biennial Change in Expenditures				(2,786)	2,786
Biennial % Change in Expenditures					

Program: Health Improvement

Activity: Health Policy

<https://www.health.state.mn.us/about/org/hp/>

AT A GLANCE

- The Health Economics Program conducts research and advanced economic analysis of health care market trends, policy options, and impacts to inform state policy makers.
- Managed Care Systems annually approves 53 medical and 3 dental provider networks and 81 pharmacy benefit manager networks that serve Minnesotans statewide.
- The Office of Rural Health and Primary Care conducts workforce research to inform policy makers and annually distributes over \$78 million in grants and loans to health care professionals and provider organizations to ensure that rural and underserved communities have access to care.
- Minnesota's Health Care Homes voluntary certification program includes 411 (58%) primary care clinics that coordinate care among the primary care team, specialists, and community partners to ensure patient-centered whole person care and improve total health and well-being.
- To optimize administrative efficiencies and patient outcomes, the Center for Health Information Policy and Transformation promotes adoption and use of standardized electronic health record systems by Minnesota's hospitals and local public health systems, clinics and nursing homes, and health plans.
- The Adverse Events Reporting System reviews between 350-500 adverse health events, that occur annually at Minnesota's hospitals and ambulatory surgical centers and supports facilities in conducting root cause analyses to identify and learn from factors leading to the event.
- The Office of Vital Records operates Minnesota's vital records system that tracks more than 120,000 annual vital events, such as birth and death certificates, and 17,000 active users of the Minnesota Registration and Certification system.

PURPOSE AND CONTEXT

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

Our role is to:

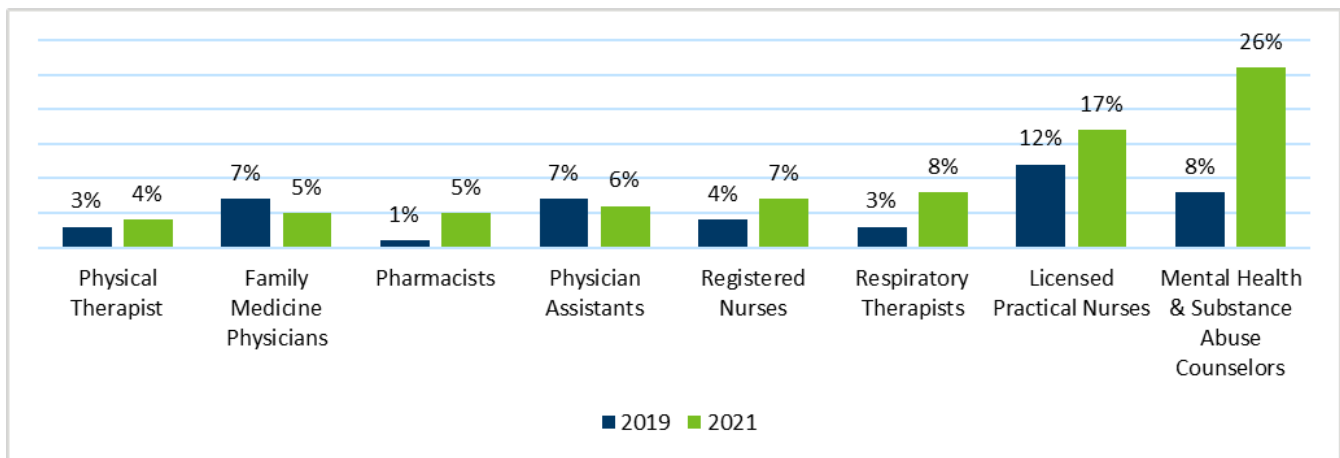
- Measure and report on the health care marketplace, access and quality of care, prescription drug prices, patient safety, and health workforce capacity.
- License and regulate health maintenance organization (HMO) products to ensure that HMO and Medicaid enrollees have adequate access to health care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

SERVICES PROVIDED

- Partner with policymakers, providers, and rural and underserved urban communities to encourage a continuum of core health services throughout the state by administering workforce education funding and measuring workforce trends and needs.
- Administer the statewide vital records system that provides birth and death registrations, certificates, and amendments, helping consumers obtain needed identity documents for REAL ID and other benefits and services.
- Monitor and advise on health care access and quality, market conditions and trends, health care spending, health status and disparities, health behaviors and conditions, and the impact of state and federal reform initiatives.
- Manage the Minnesota All Payer Claims Database (MN APCD), a statewide database of anonymous health care claims data. Public use files offer a unique opportunity for the public and researchers to learn about the costs, impacts and health outcomes of health care services and prescription drugs.
- Measure clinical quality and safety in Minnesota by implementing the Statewide Quality Reporting and Measurement system and the Adverse Health Events reporting system, conducting quality audits of managed care plans, and certifying primary care clinics as Health Care Homes.
- Administer the statewide hospital trauma system by certifying trauma center designations, analyzing trauma data, and providing technical expertise to hospitals caring for trauma patients.
- Engage health organizations across the care continuum to best use their technology and data to advance health equity and support health and wellbeing.
- Certify Health Care Homes which has been shown to improve quality outcomes for asthma, vascular care, diabetes, depression, and colorectal measures and improving patient satisfaction.
- Increase efficiencies and reduce costs in the health care system by developing standards and best practices for the exchange of business and administrative data.
- Convene and engage stakeholders annually through the statewide rural health conference (600 attendees), Health Care Homes learning days (300 attendees), and e-health conference (200 attendees).

RESULTS

Job vacancy rates in select health care occupations, 2019 and 2021



Public Use Files from the Minnesota All Payer Claims Database (MN APCD), 2020-2022

Type of Measure	Name of Measure	2020	2021	2022 (projected)
Quantity	MN APCD public use file downloads	588	348	636
Quantity	Unique APCD public use file users	163	72	144

Certified Health Care Homes and county representations, 2019 to 2021

Type of Measure	Name of Measure	2019	2020	2021
Quantity	Certified health care homes in MN	378	389	411
Quantity	Minnesota counties with a certified health care home	64	68	69

The Office of Vital Records registrations and stakeholder management, 2019-2021

Type of Measure	Name of Measure	2019	2020	2021
Quantity	Birth registrations	65,100	62,633	63,515
Quantity	Death registrations	45,396	52,194	51,455
Quantity	Vital record amendments and/or replacements	6,157	5,064	5,195
Quantity	Data report requests fulfilled	6,574	6,730	6,507

STATUTES

M.S. 144.1501 Office of Rural Health and Primary Care, Health Professional Education Loan Forgiveness Act (<https://www.revisor.mn.gov/statutes/cite/144.1501>)

M.S. 144.211 – 144.227 Vital Statistics Act (<https://www.revisor.mn.gov/statutes/cite/144.211> – <https://www.revisor.mn.gov/statutes/cite/144.227>)

M.S. 144.695 -144.703 Minnesota Health Care Cost Information Act (<https://www.revisor.mn.gov/statutes/cite/144.695> – <https://www.revisor.mn.gov/statutes/cite/144.703>)

M.S. 144.706-144.7069 Adverse Health Reporting System (<https://www.revisor.mn.gov/statutes/cite/144.7067>)

M.S. 62D Health Maintenance Organizations (<https://www.revisor.mn.gov/statutes/cite/62D>)

M.S. 62J.17 Capital Expenditure Reporting (<https://www.revisor.mn.gov/statutes/cite/62J.17>)

M.S. 62J.321 Health Economics Program (<https://www.revisor.mn.gov/statutes/cite/62J.321>)

M.S. 62J.38 Cost Containment from Group Purchasers (<https://www.revisor.mn.gov/statutes/cite/62J.38>)

M.S. 62J.321 Data Collection (<https://www.revisor.mn.gov/statutes/cite/62J.321>)

M.S. 62J.495 – 62J.497 Electronic Health Record Technology (<https://www.revisor.mn.gov/statutes/cite/62J.495> – <https://www.revisor.mn.gov/statutes/cite/62J.497>)

M.S. 62J.63 Center for Health Care Purchasing Improvement (<https://www.revisor.mn.gov/statutes/cite/62J.63>)

M.S. 62U.02 Payment Restructuring; Quality Incentive Payments (<https://www.revisor.mn.gov/statutes/cite/62U.02>)

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

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	9,924	12,352	13,619	23,510	17,061	13,801
1100 - Medical Education & Research	79,306	78,934	78,984	68,568	7,725	7,725
1200 - State Government Special Rev	5,203	4,752	5,274	6,233	5,741	5,741
1250 - Health Care Response	40,253	94,014				
2000 - Restrict Misc Special Revenue	1,159	847	769	5,464	118	118
2001 - Other Misc Special Revenue	50,762	513	706	4,441	617	617
2360 - Health Care Access	18,202	17,412	17,280	23,164	20,706	22,965
2403 - Gift	2			7		
3000 - Federal	3,014	2,614	21,095	21,259	3,490	3,290
Total	207,824	211,439	137,728	152,646	55,458	54,257
Biennial Change				(128,889)		(180,659)
Biennial % Change				(31)		(62)

Expenditures by Category

Compensation	11,110	9,136	10,733	13,092	12,681	12,681
Operating Expenses	9,570	25,401	10,778	22,400	9,330	8,129
Grants, Aids and Subsidies	187,144	176,902	116,216	117,153	33,446	33,446
Other Financial Transaction	1		0	1	1	1
Total	207,824	211,439	137,728	152,646	55,458	54,257

Total Agency Expenditures	207,824	211,439	137,728	152,646	55,458	54,257
Internal Billing Expenditures	3,353	3,205	3,773	3,820	3,224	3,365
Expenditures Less Internal Billing	204,471	208,234	133,955	148,826	52,234	50,892

Full-Time Equivalents

114.67	88.15	101.24	98.69	95.18	93.84
---------------	--------------	---------------	--------------	--------------	--------------

Health Policy

Activity Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base	
	FY20	FY21	FY22	FY23	FY24	FY25
1000 - General						
Balance Forward In	77	2,508	223	3,227	17,061	13,801
Direct Appropriation	12,357	11,537	16,798	20,435		
Transfers Out		344	140	152		
Cancellations	4	1,125	35			
Balance Forward Out	2,506	223	3,227			
Expenditures	9,924	12,352	13,619	23,510	17,061	13,801
Biennial Change in Expenditures				14,853		(6,267)
Biennial % Change in Expenditures				67		(17)
Full-Time Equivalents	6.72	5.12	8.66	8.58	8.07	7.87

1100 - Medical Education & Research

Balance Forward In	529	215	427	433		
Receipts	78,991	78,991	78,991	68,135	7,725	7,725
Transfers In	150	150	150	150	150	150
Transfers Out	150	150	150	150	150	150
Balance Forward Out	213	271	433			
Expenditures	79,306	78,934	78,984	68,568	7,725	7,725
Biennial Change in Expenditures				(10,688)		(132,102)
Biennial % Change in Expenditures				(7)		(90)
Full-Time Equivalents	2.03	1.22	1.06	1.06	1.06	1.06

1200 - State Government Special Rev

Balance Forward In		515		492		
Direct Appropriation	4,317	3,941	5,766	5,741	5,741	5,741
Transfers In	1,449	1,449				
Transfers Out	77	531				
Cancellations		623				
Balance Forward Out	486		492			
Expenditures	5,203	4,752	5,274	6,233	5,741	5,741
Biennial Change in Expenditures				1,552		(25)
Biennial % Change in Expenditures				16		(0)
Full-Time Equivalents	35.09	28.60	35.03	35.18	35.18	35.18

Health Policy

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25

1250 - Health Care Response

Balance Forward In		89,954				
Direct Appropriation	132,526	10,339				
Cancellations		6,279				
Balance Forward Out	92,273					
Expenditures	40,253	94,014				
Biennial Change in Expenditures				(134,267)		0
Biennial % Change in Expenditures				(100)		
Full-Time Equivalents		3.36				

2000 - Restrict Misc Special Revenue

Balance Forward In	4,951	5,173	5,256	5,346		
Receipts	849	614	723	118	118	118
Net Loan Activity	271	242	136			
Balance Forward Out	4,913	5,182	5,346			
Expenditures	1,159	847	769	5,464	118	118
Biennial Change in Expenditures				4,227		(5,997)
Biennial % Change in Expenditures				211		(96)
Full-Time Equivalents	4.51	3.04	2.74	1.56	1.31	1.31

2001 - Other Misc Special Revenue

Balance Forward In	2,170	2,674	3,900	3,824		
Receipts	621	564	632	617	617	617
Transfers In	50,000					
Transfers Out	1	1				
Balance Forward Out	2,028	2,724	3,825			
Expenditures	50,762	513	706	4,441	617	617
Biennial Change in Expenditures				(46,128)		(3,913)
Biennial % Change in Expenditures				(90)		(76)
Full-Time Equivalents	5.93	4.13	1.00			

2360 - Health Care Access

Health Policy

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
Balance Forward In	840	2,746	1,575	4,011		
Direct Appropriation	19,649	19,289	19,833	19,153	20,706	22,965
Transfers In	182					
Transfers Out	182	634				
Cancellations	39	2,578	116			
Balance Forward Out	2,249	1,411	4,011			
Expenditures	18,202	17,412	17,280	23,164	20,706	22,965
Biennial Change in Expenditures				4,830		3,227
Biennial % Change in Expenditures				14		8
Full-Time Equivalents	51.13	35.78	45.54	45.54	42.79	41.65

2403 - Gift

Balance Forward In	9	7	7	7		
Balance Forward Out	7	7	7			
Expenditures	2			7		
Biennial Change in Expenditures				5		(7)
Biennial % Change in Expenditures						

3000 - Federal

Balance Forward In	77	72	115	142		
Receipts	3,022	2,602	21,122	21,117	3,490	3,290
Balance Forward Out	84	60	142			
Expenditures	3,014	2,614	21,095	21,259	3,490	3,290
Biennial Change in Expenditures				36,725		(35,574)
Biennial % Change in Expenditures				652		(84)
Full-Time Equivalents	9.26	6.90	7.21	6.77	6.77	6.77

6000 - Miscellaneous Agency

Balance Forward In	15	0	8	54		
Receipts	76	71	71	72	72	72
Transfers Out	91	64	25	126	72	72
Balance Forward Out		8	54			

Program: Health Improvement
Activity: Office of Medical Cannabis

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

AT A GLANCE

- Approved the enrollment of 38,170 patients and authorized 2,246 healthcare practitioners to certify patients by June 2022.
- Oversee compliance and enforcement of two vertically integrated manufacturers, which includes cultivation, extraction, and retail dispensing at up to 16 cannabis patient centers across Minnesota.
- Added chronic vocal or motor tic disorder as a qualifying medical condition in August 2021.
- Added dried raw cannabis as a delivery method in March 2022.
- Added edible gummies and chews as a delivery method in August 2022.

PURPOSE AND CONTEXT

The Office of Medical Cannabis at MDH connects Minnesota residents with qualifying medical conditions to a registered manufacturer to obtain medical cannabis. Registered health care practitioners must first certify that a patient has a qualifying medical condition. Then patients must sign up for the MDH registry, and if approved, may obtain medical cannabis in pill, liquid, topical, flower, or gummy/chew form from any of the sixteen distribution sites, which are supplied by two state-registered medical cannabis manufacturers.

Minnesota Statutes authorize the commissioner of health to add approved delivery methods or forms and qualifying medical conditions. A seven-member volunteer review panel assists the commissioner's review of the medical conditions without weighing in on delivery methods. Medical conditions being petitioned in 2022 are irritable bowel syndrome, gastroparesis, opioid use disorder and obsessive-compulsive disorder. No new delivery methods or forms are currently under consideration in 2022.

State law requires Minnesota residents with one or more of the qualifying medical conditions who want to access medical cannabis for therapeutic or palliative purposes to join the state's patient registry. As of August 1, 2020, the following were eligible conditions:

- | | |
|---|--|
| • Alzheimer's disease | • Obstructive sleep apnea |
| • Amyotrophic lateral sclerosis (ALS) | • Post-traumatic stress disorder (PTSD) |
| • Autism spectrum disorder (must meet DSM-5 criteria) | • Seizures, including those characteristic of epilepsy |
| • Cancer | • Severe and persistent muscle spasms, including those characteristic of multiple sclerosis (MS) |
| • Chronic motor or vocal tic disorder | • Sickle cell disease |
| • Chronic pain | • Terminal illness, with a probable life expectancy of less than one year |
| • Glaucoma | • Tourette syndrome |
| • HIV/AIDS | |
| • Inflammatory bowel disease, including Crohn's disease | |
| • Intractable pain | |

The list of qualifying medical conditions is continually updated on our website and can be found below.

**Qualifying Medical Conditions and Delivery Methods
Added by the Commissioner of Health**

Qualifying Medical Conditions:	<i>date approved</i>	<i>effective date</i>
Intractable Pain*	December 1, 2015	August 1, 2016
Post-Traumatic Stress Disorder (PTSD)	December 1, 2016	August 1, 2017
Autism Spectrum Disorder	December 1, 2017	August 1, 2018
Obstructive Sleep Apnea	December 1, 2017	August 1, 2018
Alzheimer's Disease	December 1, 2018	August 1, 2019
Chronic Pain	December 1, 2019	August 1, 2020
Chronic Vocal or Motor Tic Disorder	December 1, 2020	August 1, 2021

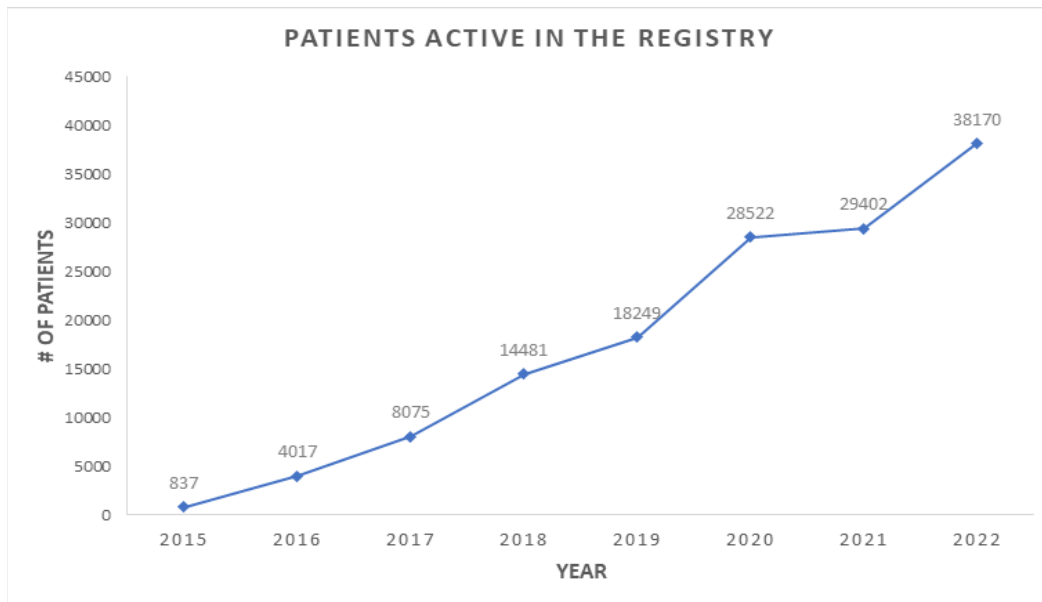
*Added under the authority of Laws 2014, chapter 311, section 20.

Delivery Methods:	<i>date approved</i>	<i>effective date</i>
Topical Applications	December 1, 2016	August 1, 2017
Dissolvable oral update	December 1, 2019	August 1, 2020
Water-soluble cannabinoid multiparticulate	December 1, 2019	August 1, 2020
Edibles (gummy or chews)	December 1, 2021	August 1, 2022

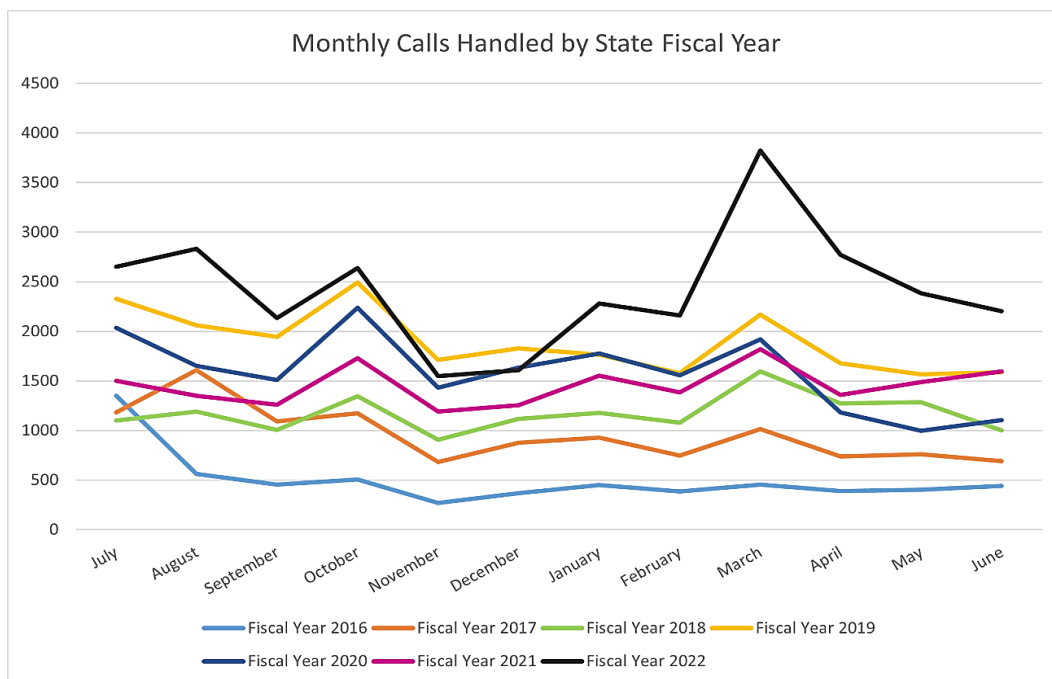
SERVICES PROVIDED

- Administer the statutorily required, online, secure patient registry through which qualified Minnesota residents can acquire medical cannabis to treat certain serious health conditions.
- Administer the track and trace inventory management system.
- Register and oversee the two medical cannabis manufacturers responsible for production and distribution of medical cannabis. The manufacturers may each operate up to eight cannabis dispensaries in the state for a total of sixteen.
- Inspect the cultivation, production, and distribution facilities operated by the manufacturers.
- Conduct program evaluation based on patient and healthcare practitioner self-reported data submitted into the registry through surveys.
- Operate a call center to respond to citizens needing information and assistance quickly and accurately with the medical cannabis program and the patient registry.
- Administer the public petition process for citizens to propose additional qualifying medical conditions or delivery methods.

RESULTS



The number of patients enrolled in the patient registry has grown from 837 in fiscal year 2015 to 38,170 in fiscal year 2022.



As Minnesota adds more qualifying conditions and delivery methods for medical cannabis, we have experienced an increase in the volume of calls to our call center. In fiscal year 2022, dried raw cannabis became available for sale on March 1, 2022. This delivery method was in great demand and led to many new patient enrollments and questions as evidenced by the spike seen during that period.

STATUTES

M.S. 152.22-152.37 Medical Cannabis Patient Registry Program

(<https://www.revisor.mn.gov/statutes/cite/152.22>)

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	259	215	129	1,433	781	781
1200 - State Government Special Rev	2,091	1,802	3,684	4,457	3,424	3,424
2403 - Gift				1		
Total	2,350	2,017	3,812	5,891	4,205	4,205
Biennial Change				5,336		(1,293)
Biennial % Change				122		(13)

Expenditures by Category

Compensation	1,193	1,470	1,423	1,410	1,410	1,410
Operating Expenses	1,157	546	2,389	4,481	2,795	2,795
Grants, Aids and Subsidies		1				
Total	2,350	2,017	3,812	5,891	4,205	4,205

Total Agency Expenditures	2,350	2,017	3,812	5,891	4,205	4,205
Internal Billing Expenditures	375	321	738	611	610	610
Expenditures Less Internal Billing	1,975	1,696	3,075	5,280	3,595	3,595

Full-Time Equivalents

	13.95	15.42	14.28	14.28	14.28	14.28
--	-------	-------	-------	-------	-------	-------

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base	
	FY20	FY21	FY22	FY23	FY24	FY25
1000 - General						
Balance Forward In		626		652		
Direct Appropriation	771	779	781	781		
Transfers Out		562				
Cancellations		628				
Balance Forward Out	512		652			
Expenditures	259	215	129	1,433	781	781
Biennial Change in Expenditures			1,088			
Biennial % Change in Expenditures			229			
Full-Time Equivalents	0.56	0.06				

1200 - State Government Special Rev

Balance Forward In		47		1,033		
Direct Appropriation	2,138	1,915	4,717	3,424	3,424	3,424
Transfers Out		160				
Balance Forward Out	47		1,033			
Expenditures	2,091	1,802	3,684	4,457	3,424	3,424
Biennial Change in Expenditures				4,247		(1,293)
Biennial % Change in Expenditures				109		(16)
Full-Time Equivalents	13.39	15.36	14.28	14.28	14.28	14.28

2403 - Gift

Balance Forward In		1	1	1		
Receipts	1					
Balance Forward Out	1	1	1			
Expenditures				1		
Biennial Change in Expenditures				1		(1)
Biennial % Change in Expenditures						

Program: Health Improvement

Activity: Health Equity

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

AT A GLANCE

- Distribute funds to approximately 160 community-based organizations, Tribal nations, and other partners to support community health, emergency preparedness, and elimination of health disparities.
- Provide support and guidance to Minnesota Department of Health (MDH) and local public health on equitable community engagement.
- Provide internal capacity building, coaching, technical assistance, guidance, support, and tools to embed racial and health equity lenses into program design, planning, implementation, and evaluation.
- Coordinate efforts to embed equity in department-led emergency preparedness activities and outreach to BIPOC, LGBTQ+, and communities with disabilities during the occurrence of a disaster or other emergency.
- Conduct health equity impact assessments or evaluations and contribute to data equity works across MDH.
- Provide support and guidance to MDH programs and divisions on equitable procurement and grantmaking.
- Provide leadership support to internal equity teams and external participation in councils.

PURPOSE AND CONTEXT

State, local, and Tribal public health agencies have a special responsibility to assess and address the root causes of the social determinants of health, including structural and systemic inequities that perpetuate health disparities. MDH must engage in an upstream approach to transform inequitable structures and systems to advance equity and improve the health of all Minnesotans. The Center for Health Equity (CHE) works across MDH and with community partners to advance racial and health equity to ensure all communities and Minnesotans are thriving and healthy. We strive to bring a health equity perspective internally to MDH leaders and staff, as well as externally to local public health departments and other decision-making across sectors and policy areas to reshape our policies and systems in Minnesota and strengthen communities. The MDH vision is “health equity in Minnesota, where all communities are thriving, and all people have what they need to be healthy,” and CHE works to advance this by:

- Leading, connecting, and strengthening networks of health equity leaders and partners.
- Advancing health equity and cultivating health equity leaders in Minnesota communities.
- Amplifying the voices of communities most impacted by health inequities and supporting them to drive their own solutions.
- Providing subject-matter expertise in culturally appropriate community engagement in communities of focus including black and other people of color, LGBTQ+, people with disabilities, and others.
- Providing expertise in embedding equity in emergency preparedness and response.

Fiscal details for Health Equity were included in the Community Health budget activity for the 2022-2023 biennium. We are establishing a standalone budget activity for Health Equity in the 2024-2025 biennium to reflect the department’s organizational structure.

SERVICES PROVIDED

Equitable Community Engagement

- Provide support, technical assistance, and guidance to MDH staff to engage communities through an equitable and inclusive lens and prioritize community voices to empower those who have been historically marginalized.

- Support MDH staff to understand cultural etiquette and customs of each community group to strengthen trust and two-way conversations to maintain community relationships.
- Monitor and analyze health disparities and their relation to health equity, including embedding culturally appropriate public health practices to address social determinants of health.
- Provide training, consultation, and liaison services for those working with Minnesota's diverse cultural communities of focus and coordinate related efforts within MDH.
- Provide subject-matter expertise in equity-related communication programming to assist MDH in engaging public media and messaging.
- Convene a community engagement practice group to share common etiquette customs and manners, success stories, and help model what best behaviors look like for state employees.
- Collaborate with Minnesota communities experiencing health inequities through the Eliminating Health Disparity Initiative (EHDI).
- Provide services to 13,588 community members in early learning, health and wellbeing, economic security, and safe and stable nurturing relationship initiatives through our Community Solutions for Early Childhood Development grant program established in 2020. Community Solutions provides funding to 23 diverse community-based organizations: 18 engage in systems change to facilitate services; 14 conduct institutional and organizational capacity building; two focus on HIV stigma reduction; and two focus on integrating culturally appropriate food security programs.

Health Equity Capacity and Systems, Policy, and Practices Transformation

- Increase MDH's internal equity capacity in program design, planning, implementation, and evaluation.
- Train and develop new hires and current MDH staff in racial and health equity and antiracism training.
- Provide continuous learning opportunities for MDH employees to better understand structural racial and health inequities, including in rural communities.
- Equip MDH supervisors with the knowledge, skills, ideologies, and lenses to dismantle structural racism in their leadership roles and in the agency.
- Develop and implement an equity framework for MDH policy reviews.
- Review internal policies, practices, and guidance to ensure equity.

Equitable Public Health Data Practices

- Provide capacity building support, tools, leadership support, and/or technical assistance within MDH on advancing data equity in public health practice. CHE provides awareness and technical assistance in data collection, analysis, interpretation, and dissemination of such data from an equity lens.
- Create awareness for MDH staff on how publication and data interpretation may reinforce or negatively exacerbate inequities, or conversely, close gaps and reduce disparities.
- Advocate for data disaggregation by race, ethnicity, gender, and sexual orientation, data sharing and respond to public requests for health equity data and resources.

Equity in Public Health Grantmaking

- Through collaboration with MDH's Grant Office, established a framework to ensure grantmaking policies and practices across all divisions prioritize equity, transparency, and accessibility.
- Provide technical assistance internally to advance the identification and implementation of equitable practices during the competitive grantmaking process.
- Ensure transparency and equitable practices during award distribution.

Equitable Emergency Preparedness and Response

- Partner with state and local agencies and community-based organizations engage communities most impacted by public health emergency events.
- Provide culturally and linguistically appropriate emergency prevention and mitigation messages.
- Engage diverse media and communities most impacted in emergency response.

- Connect communities of focus to critical emergency services, supplies, and other services (e.g., testing, vaccination), especially those disproportionately impacted by supply chain disruptions.

RESULTS

Community Engagement & Outreach Activities by Geography Reached

Targeted to metro residents	Targeted to greater Minnesota residents	Targeted to all Minnesota residents	Total community engagement outreach
86	33	118	237

Since May 2020, we have conducted 237 community engagement and outreach activities covering both the Metro and greater Minnesota geographic areas. This number does not include community engagement and outreach activities performed by contractors.

People reached through the Eliminating Health Disparities Initiative by priority populations

Target Population served	2019	2020	2021	Grand Total
African/ African American	20,533	113,415	151,664	285,612
American Indian	15,558	57,759	111,274	184,591
Asian American/ Asian-PI	20,040	19,765	26,025	65,830
Hispanic/ Latinx	16,226	28,555	29,850	74,631
Others	477	17,262	108,394	126,133
Total	72,834	236,756	427,207	736,797

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

Number of People Reached by Priority Health Areas

Priority Health Areas	2019	2020	2021	Grand Total
Breast & Cervical Cancer	12,118	5,373	12,628	30,119
Diabetes	14,478	13,923	59,758	88,159
Heart Disease & Stroke	10,403	5,222	27,226	42,851
HIV/AIDS	13,028	108,637	122,837	244,502
Immunizations	13,292	20,724	41,122	75,138
Infant Mortality	2,563	51,812	99,435	153,810
Teen Pregnancy	18,169	17,152	40,531	75,852
Unintentional Injury & Violence	8,234	13,913	23,670	45,817
Total	92,285	236,756	427,207	756,248

The EHDI program provides prevention services in multiple priority health areas, having served over 750,000 community members since program inception, many of which deal with one or more health inequities.

MDH COVID-19 hotline and resource distribution



Through our COVID-19 Community Coordinators (CCC) initiative, during 2020 and 2021, we provided emergency response services among communities most impacted by the disease through our MDH hotline.

Program funding distributed to community-based organizations

Primary Communities of focus	Number of BIPOC orgs funded	Total funding distributed
African American/Black	11	\$1.4 million
American Indian	24	\$4.4 million
Asian/Pacific Islander	6	\$0.9 million
Latinx	8	\$1.4 million
More than one focus community	7	\$0.9 million
Total	56	\$9.0 million

Between 2019 and 2021, we provided over \$9 million in funding to 56 organizations serving focus communities through our (non-COVID specific) equitable grantmaking efforts including the EHDI, Community Solutions Fund for Early Child Development, and tribal public health grants.

Emergency funding (supplements 3 and 4, ELC etc.) distributed to CBOs

Primary Communities of focus	Number of BIPOC orgs funded	Total funding distributed
African American/Black	29	\$5.2 million
American Indian	9	\$2.1 million
API	16	\$3.0 million
Disability	11	\$2.5 million
Latinx	18	\$3.6 million
LGBTQ	9	\$1.5 million
Refugee/Immigrant	7	\$2.4 million
Total	99	\$20.4 million

We provided approximately \$20.4 million in grant funding to 99 community organizations through our equitable funding for emergency response between March 2020 to June 2022.

STATUTES

M.S. 145.928 Eliminating Health Disparities (<https://www.revisor.mn.gov/statutes/cite/145.928>)

Health Equity

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25

Expenditures by Fund

1000 - General					5,452	5,452
3000 - Federal				375	375	375
3001 - Federal TANF					2,000	2,000
Total				375	7,827	7,827
Biennial Change				375		15,279
Biennial % Change						

Expenditures by Category

Compensation				250	841	841
Operating Expenses				125	178	178
Grants, Aids and Subsidies					6,808	6,808
Total				375	7,827	7,827

Full-Time Equivalents

				2.27	7.44	7.32
--	--	--	--	------	------	------

Health Equity

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
1000 - General						
Direct Appropriation					5,452	5,452
Expenditures					5,452	5,452
Biennial Change in Expenditures				0		10,904
Biennial % Change in Expenditures						
Full-Time Equivalents					5.17	5.05

3000 - Federal

Receipts				375	375	375
Expenditures				375	375	375
Biennial Change in Expenditures				375		375
Biennial % Change in Expenditures						
Full-Time Equivalents				2.27	2.27	2.27

3001 - Federal TANF

Receipts					2,000	2,000
Expenditures					2,000	2,000
Biennial Change in Expenditures				0		4,000
Biennial % Change in Expenditures						

Program: Health Protection**AT A GLANCE**

Budget activities:

- Environmental Health
- Infectious Disease
- Public Health Laboratory
- Health Regulation

PURPOSE AND CONTEXT

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

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

Health Protection

Program Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	22,610	23,656	23,666	100,132	26,135	26,135
1200 - State Government Special Rev	48,914	50,171	56,311	64,890	61,339	61,339
1251 - COVID-19 Minnesota	6,706	1,955				
2000 - Restrict Misc Special Revenue	800	649	742	3,099	717	717
2001 - Other Misc Special Revenue	25,707	8,033	6,847	29,411	24,664	24,664
2050 - Environment & Natural Resources	342		180			
2302 - Clean Water	5,665	5,956	6,416	10,183		
2403 - Gift	1	1,000	0	50		
2800 - Environmental	326	503	647	1,217	932	932
2801 - Remediation	232	191	239	275	257	257
3000 - Federal	58,045	139,856	411,511	370,170	225,252	89,315
3015 - ARP-State Fiscal Recovery			83,908	21,458		
8201 - Drinking Water Revolving	622	672	666	762	756	756
Total	169,970	232,643	591,132	601,647	340,052	204,115
Biennial Change				790,167		(648,612)
Biennial % Change				196		(54)

Expenditures by Activity

Environmental Health	45,806	43,222	50,301	62,742	48,904	48,904
Infectious Disease	54,419	110,061	458,944	420,989	181,586	48,883
Public Health Laboratory	30,257	32,962	33,448	39,765	37,646	35,087
Health Regulation	39,488	46,398	48,440	78,151	71,916	71,241
Total	169,970	232,643	591,132	601,647	340,052	204,115

Expenditures by Category

Compensation	87,363	87,472	107,079	121,407	115,357	101,442
Operating Expenses	63,327	106,999	409,373	375,571	182,212	89,327
Grants, Aids and Subsidies	17,274	36,400	72,788	102,174	39,988	12,851
Capital Outlay-Real Property	1,981	1,578	1,655	2,484	2,484	484
Other Financial Transaction	25	195	238	11	11	11
Total	169,970	232,643	591,132	601,647	340,052	204,115

Health Protection

Program Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
Total Agency Expenditures	169,970	232,643	591,132	601,647	340,052	204,115
Internal Billing Expenditures	22,290	37,243	48,147	38,795	24,422	20,820
Expenditures Less Internal Billing	147,679	195,400	542,986	562,852	315,630	183,295

<u>Full-Time Equivalents</u>	918.33	899.13	1,005.07	997.19	951.82	878.24
-------------------------------------	---------------	---------------	-----------------	---------------	---------------	---------------

Health Protection

Program Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base	
	FY20	FY21	FY22	FY23	FY24	FY25
1000 - General						
Balance Forward In		5,697	172	2,978		
Direct Appropriation	49,348	29,190	27,180	97,428		
Transfers In	3,013	3,013				
Transfers Out	24,630	7,810	578	274		
Cancellations	25	6,262	130			
Balance Forward Out	5,096	172	2,978			
Expenditures	22,610	23,656	23,666	100,132	26,135	26,135
Biennial Change in Expenditures			77,532		(71,528)	
Biennial % Change in Expenditures			168		(58)	
Full-Time Equivalents	84.58	79.72	87.53	86.19	81.09	79.10

1200 - State Government Special Rev

Balance Forward In		2,353		3,000		
Direct Appropriation	52,716	53,337	59,311	61,890	61,339	61,339
Transfers Out	2,226	1,449				
Cancellations		4,070				
Balance Forward Out	1,576		3,000			
Expenditures	48,914	50,171	56,311	64,890	61,339	61,339
Biennial Change in Expenditures				22,116		1,477
Biennial % Change in Expenditures				22		1
Full-Time Equivalents	257.08	254.64	291.71	291.71	291.71	291.71

1251 - COVID-19 Minnesota

Balance Forward In		5,621				
Direct Appropriation	12,265					
Cancellations		3,666				
Balance Forward Out	5,559					
Expenditures	6,706	1,955				
Biennial Change in Expenditures				(8,660)		0
Biennial % Change in Expenditures				(100)		

2000 - Restrict Misc Special Revenue

Balance Forward In	271	1,217	1,440	2,256		
--------------------	-----	-------	-------	-------	--	--

Health Protection

Program Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
Receipts	943	948	1,557	843	717	717
Transfers In	777					
Balance Forward Out	1,191	1,515	2,256			
Expenditures	800	649	742	3,099	717	717
Biennial Change in Expenditures				2,391		(2,407)
Biennial % Change in Expenditures				165		(63)
Full-Time Equivalents	4.56	2.46	2.33	2.33	2.16	2.16

2001 - Other Misc Special Revenue

Balance Forward In	8,267	11,381	7,220	5,063		
Receipts	6,690	4,558	5,074	24,348	24,664	24,664
Transfers In	46,440		300			
Transfers Out	25,554	1,693	684			
Balance Forward Out	10,135	6,213	5,063			
Expenditures	25,707	8,033	6,847	29,411	24,664	24,664
Biennial Change in Expenditures				2,517		13,070
Biennial % Change in Expenditures				7		36
Full-Time Equivalents	204.89	179.69	181.33	180.92	180.92	180.92

2050 - Environment & Natural Resources

Balance Forward In	398	69	214			
Cancellations			33			
Balance Forward Out	56	69				
Expenditures	342		180			
Biennial Change in Expenditures				(162)		(180)
Biennial % Change in Expenditures						
Full-Time Equivalents	0.71					

2302 - Clean Water

Balance Forward In	1,879	3,373	4,713	4,228		
Direct Appropriation	6,497	6,497	5,955	5,955	0	0
Cancellations		0	24			
Balance Forward Out	2,712	3,914	4,227			

Health Protection

Program Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base FY24 FY25	
Expenditures	5,665	5,956	6,416	10,183		
Biennial Change in Expenditures				4,979		(16,599)
Biennial % Change in Expenditures				43		(100)
Full-Time Equivalents	26.34	19.15	19.74	19.25		

2360 - Health Care Access

Full-Time Equivalents	0.05		
-----------------------	------	--	--

2403 - Gift

Balance Forward In	38	1,039	44	50		
Receipts	1,001	6	6			
Balance Forward Out	1,039	44	50			
Expenditures	1	1,000	0	50		
Biennial Change in Expenditures				(951)		(50)
Biennial % Change in Expenditures				(95)		(100)
Full-Time Equivalents		3.58				

2800 - Environmental

Balance Forward In		232		285		
Transfers In	555	420	932	932	932	932
Cancellations		149				
Balance Forward Out	229		285			
Expenditures	326	503	647	1,217	932	932
Biennial Change in Expenditures				1,035		0
Biennial % Change in Expenditures				125		0
Full-Time Equivalents	2.53	1.92	3.64	3.64	3.64	3.64

2801 - Remediation

Balance Forward In		30		18		
Transfers In	257	257	257	257	257	257
Cancellations		96				
Balance Forward Out	25		18			
Expenditures	232	191	239	275	257	257

Health Protection

Program Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
Biennial Change in Expenditures				91		0
Biennial % Change in Expenditures				22		(0)
Full-Time Equivalents	1.96	1.08	1.78	1.78		

3000 - Federal

Balance Forward In	22	504	1,281	213		
Receipts	61,809	140,523	410,444	369,957	225,252	89,315
Balance Forward Out	3,785	1,171	213			
Expenditures	58,045	139,856	411,511	370,170	225,252	89,315
Biennial Change in Expenditures				583,780		(467,114)
Biennial % Change in Expenditures				295		(60)
Full-Time Equivalents	331.45	352.05	409.03	403.39	388.41	316.82

3015 - ARP-State Fiscal Recovery

Balance Forward In				21,458		
Direct Appropriation			127,170			
Cancellations			21,805			
Balance Forward Out			21,458			
Expenditures			83,908	21,458		
Biennial Change in Expenditures				105,366		(105,366)
Biennial % Change in Expenditures						(100)
Full-Time Equivalents			4.09	4.09		

8201 - Drinking Water Revolving

Balance Forward In	10			6		
Transfers In	612	672	672	756	756	756
Balance Forward Out			6			
Expenditures	622	672	666	762	756	756
Biennial Change in Expenditures				133		84
Biennial % Change in Expenditures				10		6
Full-Time Equivalents	4.18	4.84	3.89	3.89	3.89	3.89

Program: Health Protection

Activity: Environmental Health

<https://www.health.state.mn.us/eh>

AT A GLANCE

- Inspect, test, and provide technical assistance to nearly 7,000 public water systems.
- Ensure safe food, drinking water, lodging, and swimming pools in 26,000 establishments statewide.
- Certify 12,000 food managers and support 36,000 active food managers annually.
- Regulate the installation of 6,500 new wells and the sealing of 7,000 unused wells annually. Provide educational support that empowers 470,000 private well owners to keep their drinking water safe.
- Promote healthy indoor environments and the reduction of unnecessary radiation exposure for over 11,000 facilities and individual contractors.

PURPOSE AND CONTEXT

Whether it is clean air to breathe, clean water to drink, or wholesome food to eat, having a healthy environment is a key determinant for individual and community health. Environmental Health strives to protect, promote, and improve public health for all who live, work, and play in Minnesota by monitoring and managing environmental health risks and hazards around the state through:

- Ensuring that food served in Minnesota restaurants and other food establishments is safe.
- Keeping drinking water safe.
- Evaluating potential health risks from exposures to toxic environmental hazards.
- Keeping our indoor environments healthy.

SERVICES PROVIDED

The Drinking Water Protection Program

- Ensures compliance with safe drinking water standards at nearly 7,000 public drinking water systems through inspection, contaminant monitoring, plan review, technical assistance, and operator education.
- Promotes prevention-based protective measures for Minnesota's ground and surface waters.
- Works with partners to maintain and upgrade drinking water infrastructure in the state.

Food, Pools, and Lodging Services

- Ensures sanitary conditions in the state's approximately 26,000 public swimming pools, hotels, schools, resorts, restaurants, manufactured home parks, recreational camping areas, and children's camps.
- Partners with locally delegated inspection agencies. Minnesota Department of Health (MDH) licenses and regulates about half of the hospitality businesses across the state and provides training, guidance, and technical assistance to the 28 delegated partners that license and regulate the remaining businesses.
- Provides public information, education, training, and assistance about safe food handling and handwashing to reduce the risk of foodborne illness.

Environmental Surveillance and Assessment

- Evaluates potential health risks to the public from exposures to toxic environmental hazards and recommends actions to minimize exposures and manage risks.
- Develops risk assessment data used by government agencies and others to protect the public from environmental risks, such as those that threaten both groundwater and surface water used for drinking water sources.

- Monitors lead testing of Minnesota children to reduce lead levels in children's blood through in-home lead risk assessment activities. Prior to 2021, in-home lead risk assessment activities were required for all cases at 15 micrograms per deciliter. As a result of legislative changes in the 2021 session, starting July 1, 2021, in-home lead risk assessments are required for all cases at 5 micrograms per deciliter and above.

Indoor Environments and Radiation Programs

- Protects the public from environmental exposure to asbestos, lead hazards, and radiation by licensing, permitting, compliance assistance, and conducting inspections of industry and workers.
- Enforces the Minnesota Clean Indoor Air Act, which prohibits smoking in most indoor public areas and workplaces.
- Provides public and schools with information about the potential health effects of asbestos, lead, radon, mold, and other indoor air contaminants.
- Protects the public from unnecessary radiation through licensing.

Well Management Program

- Protects public health and groundwater by establishing construction and sealing standards for wells and borings used for drinking water and other purposes.
- Licenses and educates contractors who construct, repair, and seal wells and borings.

Water Policy Center

- Collaborates with other water resource management activities across the Executive Branch and local government partners to protect drinking water, recreational waters, and public health.
- Expands private well protection actions through educational strategies and grants that increase voluntary efforts to test and mitigate geologic and human-caused contamination.

RESULTS

Food, Pools, and Lodging Services

The table below presents the quantity of licensing and regulatory activities conducted by Food, Pools, and Lodging Services Section (FPLS). The data does not include activities conducted by delegated partners.

Licensing and regulatory activities conducted by FPLS

Item	FY18	FY19	FY20*	FY21*	FY22**
# of establishment licenses issued	15,175	15,639	14,306	14,179	15,418
# of inspections conducted	16,386	17,460	13,497	14,818	14,966
# of complaints investigated	1,216	1,036	918	2,934	988

*COVID-19 pandemic related Executive Orders, licensed establishment closures/restrictions, regulatory staff reassignment to COVID-19 response and Executive Order enforcement activities may have impacted the numbers for fiscal years 2020 and 2021.

**In fiscal year 2022, FPLS became responsible for licensing and inspection in two counties that were previously delegated to local agencies. This added to the license and inspection numbers for fiscal year 2022. Also in fiscal year 2022, FPLS discontinued licensing the food service in Assisted Living Facilities as this responsibility was transferred to the Health Regulation Division (HRD). FPLS will continue to conduct food safety inspections at all Assisted Living Licensed facilities in coordination with HRD survey activities.

Drinking Water Protection

Drinking Water Protection (DWP) staff work with public water systems to prevent and resolve water quality problems. MDH's on-time completion rate for sanitary surveys in 2021 was 99.9% for community public water systems and 99.6% for noncommunity public water systems, reflective of DWP's efforts to maintain its inspection presence even considering COVID-19 limitations.

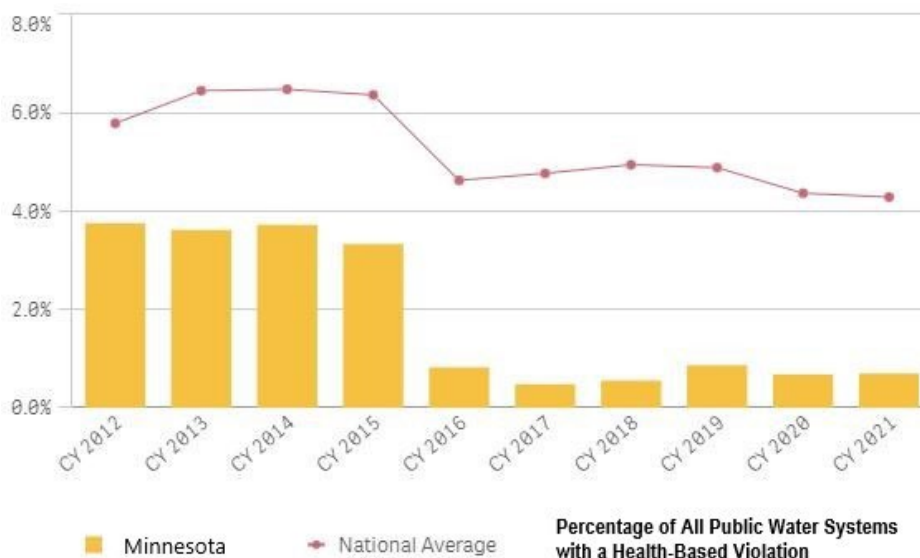
Contaminants	Number of CPWS subject to monitoring	Number of CPWS with violations or Action Level Exceedance	Population served by CPWS with violations or ALEs	Percent of CPWS meeting EPA standards	Number of NPWS monitored*	Number of NPWS with violations or ALEs	Population served by NPWS with violations or ALEs	Percent of NPWS meeting EPA standards
Pesticides and Industrial Contaminants	965	0	0	100.0%	476	0	0	100.0%
Bacteriological	965	1	25	99.9%	5712	13	945	99.8%
Nitrate/Nitrite	965	4	23,417	99.6%	5712	5	635	99.9%
Arsenic	965	7	1,578	99.3%	476	2	75	99.6%
Radionuclides	965	14	35,369	98.5%	N/A	N/A	N/A	N/A
Other Inorganic Chemicals	965	0	0	100.0%	476	0	0	100.0%
Disinfection byproducts**	573	2	868	99.7%	47	0	0	100.0%
Lead	965	3	2,786	99.7%	476	1	130	99.8%
Copper	965	29	87,784	97.0%	476	4	1495	99.2%

*Some contaminants are tested at all 5,712 noncommunity water systems: others are tested only at the 476 non-transient noncommunity water systems.

**Disinfection byproducts are only monitored at systems that disinfect their water or purchase disinfected water

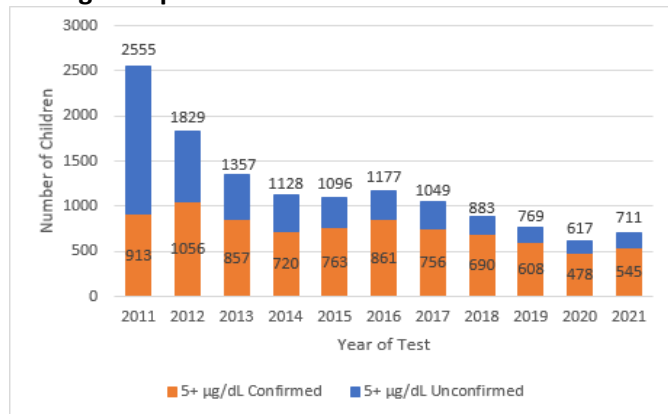
Percentage of Minnesota Public Water Systems with Health-Based Violations Compared to National Average

(Source: US EPA Enforcement and Compliance History Online [ECHO] Data System)

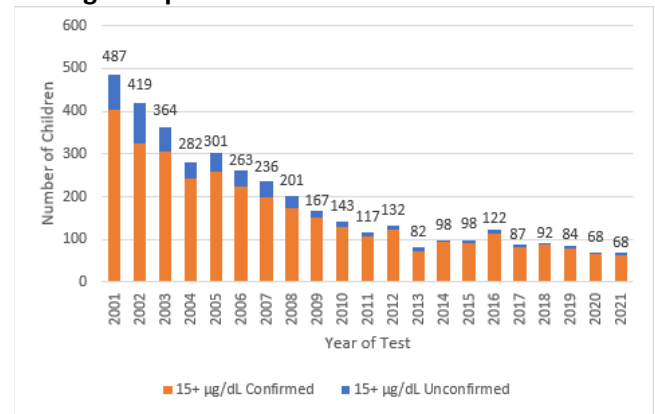


Elevated Blood Lead Levels (EBLL) Monitoring

Number of children with EBLL results above 15 micrograms per deciliter



Number of children with EBLL results above 5 micrograms per deciliter



While much work is needed to continue reducing lead exposures, annual examination of data shows steady rates of testing and decreasing elevated blood lead rates across the state.

STATUTES and RULES

M.R. 4620 Clean Indoor Air (<https://www.revisor.mn.gov/rules/4620/>)

M.S. 103I.005 Well Management (<https://www.revisor.mn.gov/statutes/?id=103I.005>)

M.S. 144.12, 144.122, 144.383, 446.081 Drinking Water Protection

(<https://www.revisor.mn.gov/statutes/?id=144>)

M.S. 144.1222 Public Pools; Enclosed Sports Arenas (<https://www.revisor.mn.gov/statutes/cite/144.1222>)

M.S. 144.9502, M.R. 4717.8000 Environmental Surveillance and Assessment

(<https://www.revisor.mn.gov/statutes/?id=144.9502>)

M.S. 144.9512, 144.1202, 144.412 Environmental Surveillance and Assessment

(<https://www.revisor.mn.gov/statutes/cite/144>)

M.S. 157 Food, Pools & Lodging Services (<https://www.revisor.mn.gov/statutes/?id=157>)

M.S. 326.70 Asbestos Abatement Act (<https://www.revisor.mn.gov/statutes/?id=326.70>)

M.S. 327 Hotels, Motels, Resorts, and Manufactured Homes (<https://www.revisor.mn.gov/statutes/cite/327>)

Environmental Health

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	2,951	2,369	3,667	5,871	4,739	4,739
1200 - State Government Special Rev	27,441	28,731	29,467	31,581	30,524	30,524
2000 - Restrict Misc Special Revenue	267	270	237	431	291	291
2001 - Other Misc Special Revenue	1					
2050 - Environment & Natural Resources	342		180			
2302 - Clean Water	5,368	5,795	6,308	9,975		
2800 - Environmental	326	503	647	1,217	932	932
2801 - Remediation	232	191	239	275	257	257
3000 - Federal	8,255	4,691	8,890	12,630	11,405	11,405
8201 - Drinking Water Revolving	622	672	666	762	756	756
Total	45,806	43,222	50,301	62,742	48,904	48,904
Biennial Change				24,014		(15,235)
Biennial % Change				27		(13)

Expenditures by Category

Compensation	28,449	24,916	29,325	34,739	30,494	30,494
Operating Expenses	14,692	15,122	16,314	23,746	15,333	15,333
Grants, Aids and Subsidies	2,633	3,135	4,598	4,255	3,075	3,075
Capital Outlay-Real Property	30	35		1	1	1
Other Financial Transaction	1	14	63	1	1	1
Total	45,806	43,222	50,301	62,742	48,904	48,904

Total Agency Expenditures	45,806	43,222	50,301	62,742	48,904	48,904
Internal Billing Expenditures	7,503	7,212	8,517	8,850	7,314	7,314
Expenditures Less Internal Billing	38,303	36,010	41,783	53,892	41,590	41,590

Full-Time Equivalents

	282.43	236.46	270.11	277.61	253.88	253.47
--	---------------	---------------	---------------	---------------	---------------	---------------

Environmental Health

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
1000 - General						
Balance Forward In		532		1,132		
Direct Appropriation	3,502	3,543	5,148	4,974	4,739	4,739
Transfers Out		335	231	235		
Cancellations	25	1,371	118			
Balance Forward Out	527		1,132			
Expenditures	2,951	2,369	3,667	5,871	4,739	4,739
Biennial Change in Expenditures				4,218		(60)
Biennial % Change in Expenditures				79		(1)
Full-Time Equivalents	17.87	13.21	17.74	17.74	16.69	16.28

1200 - State Government Special Rev

Balance Forward In		1,190		1,057		
Direct Appropriation	28,085	29,907	30,524	30,524	30,524	30,524
Cancellations		2,366				
Balance Forward Out	644		1,057			
Expenditures	27,441	28,731	29,467	31,581	30,524	30,524
Biennial Change in Expenditures				4,876		0
Biennial % Change in Expenditures				9		0
Full-Time Equivalents	172.10	168.10	181.03	181.03	181.03	181.03

2000 - Restrict Misc Special Revenue

Balance Forward In	241	216	139	140		
Receipts	234	263	238	291	291	291
Balance Forward Out	208	209	140			
Expenditures	267	270	237	431	291	291
Biennial Change in Expenditures				131		(86)
Biennial % Change in Expenditures				24		(13)
Full-Time Equivalents	1.12	0.97	1.15	1.15	1.15	1.15

2001 - Other Misc Special Revenue

Balance Forward In	4	0				
Receipts	1					
Transfers Out	4	0				

Environmental Health

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
Balance Forward Out	0					
Expenditures	1					
Biennial Change in Expenditures				(1)		0
Biennial % Change in Expenditures						

2050 - Environment & Natural Resources

Balance Forward In	398	69	214			
Cancellations			33			
Balance Forward Out	56	69				
Expenditures	342		180			
Biennial Change in Expenditures				(162)		(180)
Biennial % Change in Expenditures						
Full-Time Equivalents	0.71					

2302 - Clean Water

Balance Forward In	1,704	3,201	4,373	4,020		
Direct Appropriation	6,222	6,222	5,955	5,955	0	0
Cancellations		0	0			
Balance Forward Out	2,558	3,627	4,020			
Expenditures	5,368	5,795	6,308	9,975		
Biennial Change in Expenditures				5,119		(16,283)
Biennial % Change in Expenditures				46		(100)
Full-Time Equivalents	24.46	18.43	19.67	19.18		

2800 - Environmental

Balance Forward In		232		285		
Transfers In	555	420	932	932	932	932
Cancellations		149				
Balance Forward Out	229		285			
Expenditures	326	503	647	1,217	932	932
Biennial Change in Expenditures				1,035		0
Biennial % Change in Expenditures				125		0
Full-Time Equivalents	2.53	1.92	3.64	3.64	3.64	3.64

Environmental Health

Activity Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base	
	FY20	FY21	FY22	FY23	FY24	FY25

2801 - Remediation

Balance Forward In		30		18		
Transfers In	257	257	257	257	257	257
Cancellations		96				
Balance Forward Out	25		18			
Expenditures	232	191	239	275	257	257
Biennial Change in Expenditures				91		0
Biennial % Change in Expenditures				22		(0)
Full-Time Equivalents	1.96	1.08	1.78	1.78		

3000 - Federal

Balance Forward In	10	8				
Receipts	8,254	4,690	8,890	12,630	11,405	11,405
Balance Forward Out	8	8				
Expenditures	8,255	4,691	8,890	12,630	11,405	11,405
Biennial Change in Expenditures				8,573		1,290
Biennial % Change in Expenditures				66		6
Full-Time Equivalents	57.50	27.91	41.21	49.20	47.48	47.48

8201 - Drinking Water Revolving

Balance Forward In	10			6		
Transfers In	612	672	672	756	756	756
Balance Forward Out			6			
Expenditures	622	672	666	762	756	756
Biennial Change in Expenditures				133		84
Biennial % Change in Expenditures				10		6
Full-Time Equivalents	4.18	4.84	3.89	3.89	3.89	3.89

Program: Health Protection

Activity: Infectious Disease

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

AT A GLANCE

- Managed treatment for 204 new, probable, and confirmed tuberculosis (TB) cases and evaluated 524 individuals exposed.
- Responded to 116 foodborne, waterborne, person-to-person, zoonotic outbreaks.
- Conducted 79 Infection Control Assessment and Resource (ICAR) visits (44 virtual and 35 onsite visits).
- Investigated 1,186 cases of syphilis and ensured treatment for 1,186.
- Processed 640,087 COVID-19 cases and of those, interviewed 180,013.
- Since December of 2020, the MDH vaccine distribution program has processed shipping for 8.2 million doses of COVID-19 vaccine and redistributed over 250,000 doses to avoid wastage.
- Responded to continued increases in hepatitis A and C, syphilis, and HIV that primarily impact persons experiencing homelessness and persons who use injection drugs.
- Tested 6,683 individuals for HIV, and 99.8% received their tests results.
- Assisted over 1,200 Afghans with medical intakes upon arrival to Minnesota (2021 – 2022).
- Coordinated a program that provides free vaccines to one in every three children in Minnesota.

PURPOSE AND CONTEXT

The Infectious Disease, Epidemiology, Prevention, and Control Division provides statewide leadership to ensure Minnesotans are safe from infectious diseases.

Our role:

- Maintain systems to detect, investigate, and mitigate infectious disease outbreaks and threats.
- Collect, analyze, and publish data on infectious diseases.
- Recommend policy for detecting, preventing, or controlling infectious diseases.
- Coordinate with the health care and public health systems to prevent spread of diseases.
- Partner with state agencies and local public health to prevent and control infectious disease.
- Create and maintain relationships to support infectious disease prevention and response for underserved groups, including people experiencing homelessness, tribes and indigenous, immigrants, correctional settings, and seasonal agricultural and food processing workers.
- Provide access to vaccines and medications to prevent and treat infectious diseases.
- Provide advice to health care providers on diagnosis and management of emerging infectious diseases (e.g., Monkey Pox, Coronavirus, Ebola, and Zika).
- Evaluate the effectiveness of our infectious disease activities

SERVICES PROVIDED

Prevention of infectious disease

- Alert health care providers and the public about outbreaks and how to prevent disease spread.
- Manage tuberculosis treatment and provide medications for patients to prevent disease spread.
- Investigate health care associated infections or infection prevention breaches, work collaboratively with health care facilities to prevent the spread of infection, and conduct follow-up on those who were exposed to infectious disease.
- Provide leadership for the statewide immunization information system, used for coordinating mass vaccination for an emergency response (e.g., H1N1 and COVID-19).

- Conduct studies on infectious diseases of concern to the public and the medical community.
- Educate the public, especially high-risk populations, on disease testing, treatment, and prevention.
- Provide funding to local public health agencies and nonprofit organizations for infectious disease prevention activities.
- Prevent the spread of infectious disease, such as hepatitis C and HIV, by encouraging pharmacies to provide clean syringes without a prescription to injection drug users.
- Evaluate the effectiveness of infectious disease public health programs by monitoring disease trends and outcomes.
- Distribute publicly purchased vaccines for children whose families cannot afford them.

Identify and investigate infectious disease threats

- Collect, analyze, and routinely post COVID-19 data on testing, number of positive cases, hospitalizations, and deaths.
- Maintain a 24/7 system to detect, investigate, and control cases of infectious disease, including routine and emerging diseases such as meningitis, rabies exposure, COVID-19, Monkey Pox, Ebola, and Zika.
- Analyze disease reports to identify unusual patterns of infectious disease, detect outbreaks, identify the cause, and implement control measures.
- Maintain a foodborne illness hotline to receive complaints from the public and identify possible foodborne outbreaks quickly.
- Coordinate refugee medical screenings to identify and treat health problems.

Mitigation of disease threats

- Alert the public where and when the risk of infectious disease is the greatest.
- Involve high-risk communities, health care providers, and concerned citizens in responding to infectious disease challenges.
- Enhance infection prevention and antibiotic stewardship by providing assessment and technical assistance to health care facilities.
- Provide evidence-based guidance to high priority settings including jails and prisons, long-term care facilities, K-12 schools, childcare, institutions of higher education, and shelters.

RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous Value</i>	<i>Date</i>	<i>Current Value</i>	<i>Date</i>
Quality	Percent of eligible tuberculosis patients who complete therapy in 12 months*	92.1% or 129/139	2018	89.5 or 102/114	2019
Quality	Percent of infants born to hepatitis B positive pregnant persons who received appropriate and timely follow up at birth	99.5% or 772/776	2018-2019	99.3% or 666/671	2020-2021
Quality	Percent of foodborne disease outbreaks where the source was identified	59% or 13/22	2020	62% or 26/42	2021
Quality	Percent of people who received positive test results through MDH-funded HIV testing programs who were referred to care	57.9% or 11/19	2020	81.9% or 50/61	2021

*2018 and 2019 data are the two most recent years with finalized TB treatment completion data.

STATUTES and RULES

Minnesota Rules, Chapter 4604 and 4605.

(<https://www.revisor.mn.gov/rules/?id=4604>)(<https://www.revisor.mn.gov/rules/4605/>)

M.S. 121A.15 (<https://www.revisor.mn.gov/statutes/?id=121A.15>)

M.S. 13.3805 (<https://www.revisor.mn.gov/statutes/?id=13.3805>)

M.S. 144.05 (<https://www.revisor.mn.gov/statutes/?id=144.05>)

M.S. 144.12 (<https://www.revisor.mn.gov/statutes/?id=144.12>)

M.S. 144.3351 (<https://www.revisor.mn.gov/statutes/?id=144.3351>)

M.S. 144.3441 (<https://www.revisor.mn.gov/statutes/cite/144.3441>)

M.S. 144.4171 – 144.4185 (<https://www.revisor.mn.gov/statutes/cite/144.4171>)

M.S. 144.4801 – 144.491 (<https://www.revisor.mn.gov/statutes/cite/144.4801>)

M.S. 214.17 – 214.25 (<https://www.revisor.mn.gov/statutes/cite/214.17>)

Infectious Disease

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	4,028	3,960	3,754	75,792	4,284	4,284
1200 - State Government Special Rev	107					
1251 - COVID-19 Minnesota	6,706	1,955				
2000 - Restrict Misc Special Revenue	387	186	224	258		
2001 - Other Misc Special Revenue	18,385	3,935	3,339	4,145	585	585
2302 - Clean Water	138	58	51	199		
2403 - Gift	1		0	50		
3000 - Federal	24,667	99,967	367,668	319,087	176,717	44,014
3015 - ARP-State Fiscal Recovery			83,908	21,458		
Total	54,419	110,061	458,944	420,989	181,586	48,883
Biennial Change				715,453		(649,464)
Biennial % Change				435		(74)

Expenditures by Category

Compensation	19,644	19,401	30,811	42,006	40,201	26,286
Operating Expenses	19,884	57,377	359,193	279,295	102,703	13,052
Grants, Aids and Subsidies	14,635	33,257	68,075	97,688	36,682	9,545
Capital Outlay-Real Property	251	13	812	2,000	2,000	
Other Financial Transaction	5	14	52			
Total	54,419	110,061	458,944	420,989	181,586	48,883

Total Agency Expenditures	54,419	110,061	458,944	420,989	181,586	48,883
Internal Billing Expenditures	4,378	17,505	27,348	20,586	7,781	4,179
Expenditures Less Internal Billing	50,041	92,556	431,595	400,403	173,805	44,704

Full-Time Equivalents

	245.41	263.84	303.39	297.23	278.87	213.29
--	--------	--------	--------	--------	--------	--------

Infectious Disease

Activity Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base	
	FY20	FY21	FY22	FY23	FY24	FY25
1000 - General						
Balance Forward In		274		478		
Direct Appropriation	25,034	4,174	4,544	75,314	4,284	4,284
Transfers Out	20,889	272	300			
Cancellations		216	13			
Balance Forward Out	117		478			
Expenditures	4,028	3,960	3,754	75,792	4,284	4,284
Biennial Change in Expenditures				71,558		(70,978)
Biennial % Change in Expenditures				896		(89)
Full-Time Equivalents	14.81	8.97	13.07	13.07	12.30	12.00

1200 - State Government Special Rev

Direct Appropriation	107					
Expenditures	107					
Biennial Change in Expenditures				(107)		0
Biennial % Change in Expenditures						
Full-Time Equivalents	0.63					

1251 - COVID-19 Minnesota

Balance Forward In		5,621				
Direct Appropriation	12,265					
Cancellations		3,666				
Balance Forward Out	5,559					
Expenditures	6,706	1,955				
Biennial Change in Expenditures				(8,660)		0
Biennial % Change in Expenditures				(100)		

2000 - Restrict Misc Special Revenue

Balance Forward In	20	28		132		
Receipts	382	172	356	126		
Balance Forward Out	15	15	132			
Expenditures	387	186	224	258		
Biennial Change in Expenditures				(91)		(482)
Biennial % Change in Expenditures				(16)		(100)

Infectious Disease

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base FY24 FY25	
Full-Time Equivalents	2.43	0.39	0.17	0.17		

2001 - Other Misc Special Revenue

Balance Forward In	6,132	10,451	6,353	3,560		
Receipts	863	799	930	585	585	585
Transfers In	46,440		300			
Transfers Out	25,551	1,693	684			
Balance Forward Out	9,498	5,622	3,560			
Expenditures	18,385	3,935	3,339	4,145	585	585
Biennial Change in Expenditures				(14,837)		(6,314)
Biennial % Change in Expenditures				(66)		(84)
Full-Time Equivalents	34.33	22.75	5.54	5.54	5.54	5.54

2302 - Clean Water

Balance Forward In	162	159	274	199		
Direct Appropriation	125	125				
Cancellations			24			
Balance Forward Out	149	226	199			
Expenditures	138	58	51	199		
Biennial Change in Expenditures				53		(250)
Biennial % Change in Expenditures				27		(100)
Full-Time Equivalents	0.88	0.07	0.07	0.07		

2403 - Gift

Balance Forward In	38	39	44	50		
Receipts	1	6	6			
Balance Forward Out	39	44	50			
Expenditures	1		0	50		
Biennial Change in Expenditures				50		(50)
Biennial % Change in Expenditures						(100)

3000 - Federal

Balance Forward In	12	434	409	2		
--------------------	----	-----	-----	---	--	--

Infectious Disease

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
Receipts	27,626	100,601	367,260	319,085	176,717	44,014
Balance Forward Out	2,971	1,069	2			
Expenditures	24,667	99,967	367,668	319,087	176,717	44,014
Biennial Change in Expenditures				562,122		(466,024)
Biennial % Change in Expenditures				451		(68)
Full-Time Equivalents	192.33	231.66	280.45	274.29	261.03	195.75

3015 - ARP-State Fiscal Recovery

Balance Forward In			21,458	
Direct Appropriation		127,170		
Cancellations		21,805		
Balance Forward Out		21,458		
Expenditures		83,908	21,458	
Biennial Change in Expenditures			105,366	(105,366)
Biennial % Change in Expenditures				(100)
Full-Time Equivalents		4.09	4.09	

Program: Health Protection

Activity: Public Health Laboratory

<https://www.health.state.mn.us/about/org/phl/>

AT A GLANCE

- Provide testing for contaminants in the environment and evaluate exposures to contaminants in people. In fiscal year 2021, the lab received 39,085 samples and performed 98,860 analyses. In fiscal year 2022, the lab received 42,105 samples and performed 120,435 analyses.
- Provide testing for viruses and other microbes that make people sick, as well as look for outbreaks related to food and water. In fiscal year 2021, the lab performed 165,590 tests on 139,971 samples, which included 114,817 COVID tests (including sequencing). In fiscal year 2022, the lab performed 110,772 tests on 79,275 samples which included 57,581 COVID-19 tests.
- Screen for rare, serious conditions in newborn babies, allowing for early identification and medical intervention. The lab screened 65,223 newborns and 67,442 newborns in fiscal years 2021 and 2022, respectively, for 61 rare, treatable conditions.

PURPOSE AND CONTEXT

The Public Health Laboratory collaborates with local, state, and federal officials, public and private hospitals, laboratories, and other entities throughout the state to keep Minnesotans safe. Services include:

- Detecting infectious disease outbreaks and public health threats.
- Screening newborns for rare conditions to improve their health outcomes.
- Identifying chemical, radiological, and biological hazards.
- Preparing and responding to emergencies.
- Producing high-quality laboratory data to inform public health decisions.

SERVICES PROVIDED

Testing environmental and biological samples for chemical, bacterial, and radiological contaminants.

- Test drinking and non-drinking water for various compounds hazardous to human health and the environment.
- Develop methods to test potentially harmful chemicals in human samples, including drugs of abuse and other emerging public health threats, to help identify the source and reduce or eliminate exposures.
- Develop new methods for analyzing environmental samples for chemicals or materials with a perceived, potential, or real threat to human health or those that lack published health standards (e.g., expanded PFAS testing and monitoring).

Testing samples for rare and common infectious diseases.

- Test to identify disease-causing microbes including flu, salmonella, and other things that make people sick.
- Test for rare and/or emerging threats such as monkeypox, COVID-19, rabies, and antibiotic-resistant bacteria.
- Test to determine if a microbe is resistant to antibiotics and determine how it has become resistant, estimate vaccine efficacy, and determine why some germs cause more severe disease.
- Perform DNA sequencing to identify outbreaks caused by exposure to contaminated food and water.
- Ensure quick discovery and control of outbreaks to minimize the spread of illness.
- Report results to public health and health care professionals who offer treatment and stop the spread of disease-causing microbes.

Screening newborns for rare, serious, and treatable conditions.

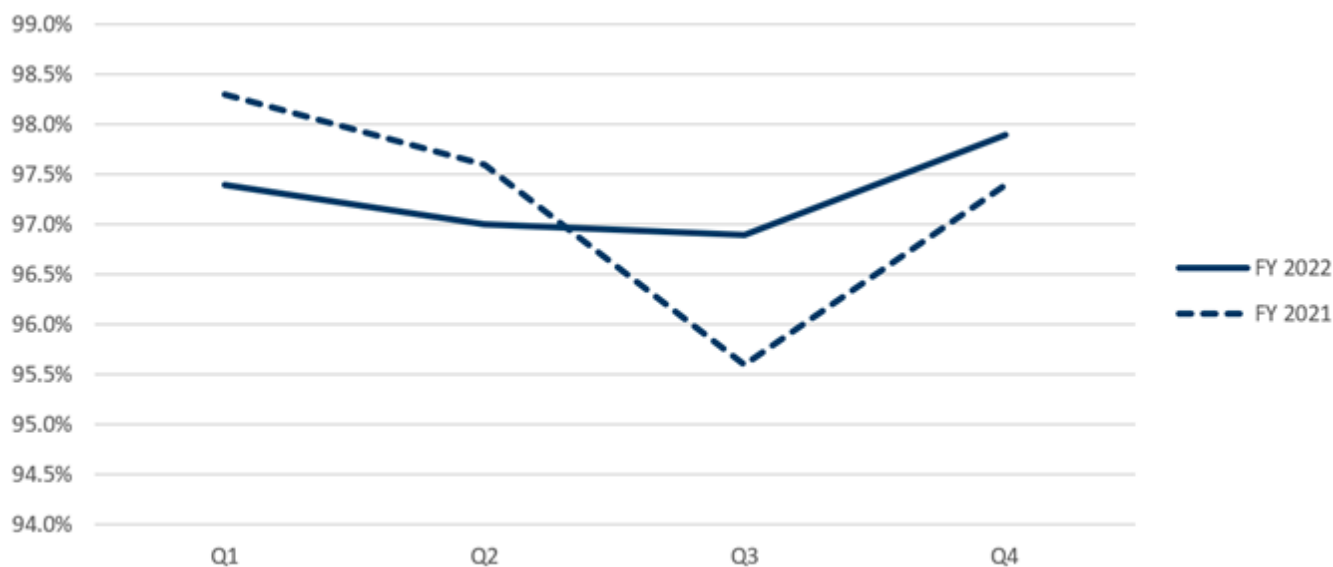
- Screen all Minnesota newborns for 61 treatable, hidden, rare disorders including hearing loss and critical congenital heart disease.
- Ensure detection of treatable disorders and that babies receive follow-up testing and care, resulting in improved long-term health outcomes and quality of life for babies and their parents.
- Educate Minnesota's new and expectant parents and medical providers about newborn screening.
- Begin congenital cytomegalovirus (cCMV) screening in early 2023.

Emergency Preparedness and Response

- Detect and respond to many kinds of hazards, including harmful chemicals, radioactive materials, and biological organisms that can make people sick.
- Serve as a member of Minnesota's Radiological Emergency Preparedness program, which would respond in the event of a release of radioactive chemicals at Minnesota's nuclear power plants.
- Detect harmful germs in air samples through an air-monitoring program.
- Train public and private laboratories to recognize and report possible chemical agents, contagious disease, and other public health threats.
- Respond quickly to a mass casualty event involving harmful chemicals anywhere in the country.
- Conduct rapid testing on clinical or environmental samples of concern (e.g., unknown white powders) and develop and maintain new testing methods of identifying potentially harmful agents.

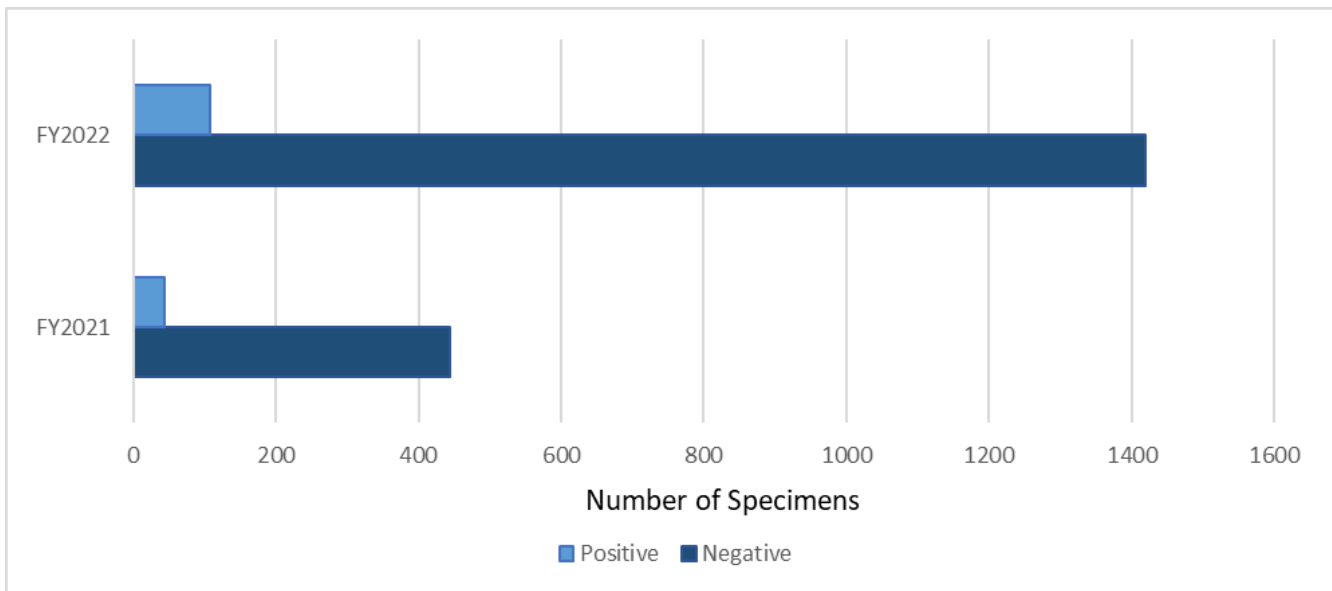
RESULTS

Percent of environmental samples tested and reported to partners within specified timeframe



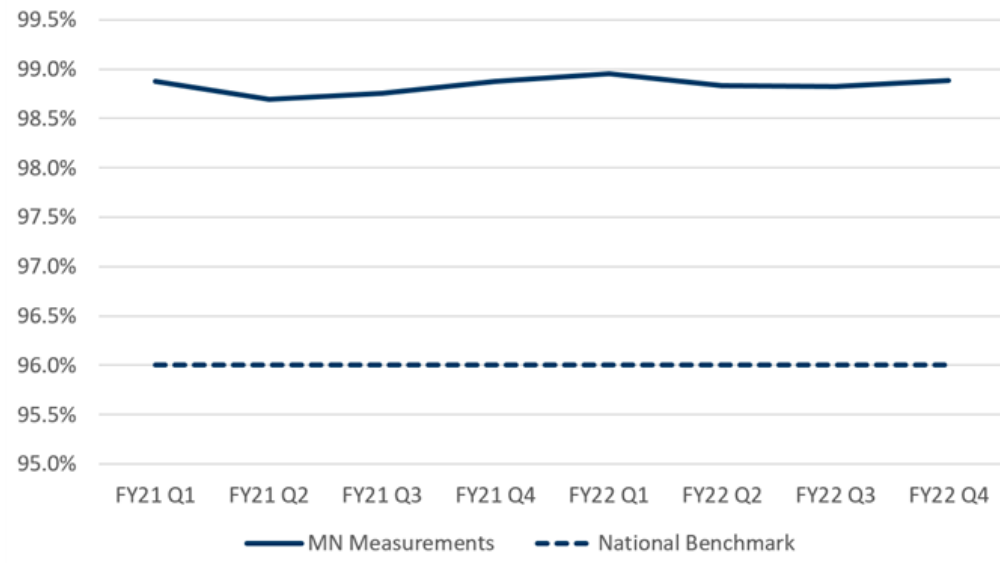
Turnaround times, i.e., the time between the lab receiving a sample and the time results are reported, ensures that our partners receive timely information to make decisions which protect public health. This graph shows the percent of time the laboratory meets the expected turnaround time. Reliable and timely reporting of chemical, bacteriological, and radiological analyses of environmental samples including drinking water, surface water, air, and soil helps state programs reduce the effect that environmental hazards may have on the health of Minnesotans.

Number of specimens tested for antibiotic-resistant bacteria in fiscal year 2021 and 2022



MDH has been working to increase capacity to detect antibiotic resistant bacteria and has observed an increase in the proportion of positive samples. Hospitals and clinics use this information for patient treatment and to help stop the spread of these germs to other patients and the community.

Percent of newborn screening samples collected within 48 hours of birth in fiscal years 2021 and 2022



Collecting newborn screening samples within 48 hours of birth helps to quickly identify infants at risk for newborn screening disorders and allows medical actions to occur swiftly with conditions listed on the screening panel. Early actions result in better health outcomes. Minnesota has exceeded the national benchmark for all quarters reported.

STATUTES

M.S. 13.386 Treatment of Genetic Information Held by Government Entities & Other Persons

(<https://www.revisor.mn.gov/statutes/?id=13.386>)

M.S. 13.3805 Public Health Data (<https://www.revisor.mn.gov/statutes/?id=13.3805>) M.S. 144.05 General Duties of the Commissioner (<https://www.revisor.mn.gov/statutes/?id=144.05>)

M.S. 144.064 The Vivian Act (<https://www.revisor.mn.gov/statutes/cite/144.064>)

M.S. 144.123 Fees for diagnostic laboratory services (<https://www.revisor.mn.gov/statutes/?id=144.123>)

M.S. 144.125 Tests of Infants for Heritable & Congenital Disorders

(<https://www.revisor.mn.gov/statutes/?id=144.125>)

M.S. 144.1251 Newborn Screening for Critical Congenital Heart Disease (CCHD)

(<https://www.revisor.mn.gov/statutes/?id=144.1251>)

M.S. 144.1255 Newborn Screening Advisor Committee (<https://www.revisor.mn.gov/statutes/cite/144.1255>)

M.S. 144.128 Commissioner's Duties (Newborn Screening) (<https://www.revisor.mn.gov/statutes/?id=144.128>)

M.S. 144.192 Treatment of Biological Specimens and Health Data

(<https://www.revisor.mn.gov/statutes/?id=144.192>)

M.S. 144.193 Inventory of Biological and Health Data (<https://www.revisor.mn.gov/statutes/?id=144.193>)

M.S. 144.966 Early Hearing Detection (<https://www.revisor.mn.gov/statutes/?id=144.966>)

M.S. 144.99 Enforcement (<https://www.revisor.mn.gov/statutes/?id=144.99>)

Minnesota Rules Chapter 4605 Communicable Diseases (<https://www.revisor.mn.gov/rules/?id=4605>)

Minnesota Rules 4615.0400 Definitions (<https://www.revisor.mn.gov/rules/?id=4615.0400>)

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	3,004	2,760	2,798	2,716	2,690	2,690
1200 - State Government Special Rev	8,779	8,443	10,312	12,953	12,267	12,267
2000 - Restrict Misc Special Revenue	145	194	165	161	161	161
2001 - Other Misc Special Revenue	5,285	4,098	3,508	5,509	4,322	4,322
2302 - Clean Water	158	102	57	9		
2403 - Gift		1,000				
3000 - Federal	12,886	16,364	16,608	18,417	18,206	15,647
Total	30,257	32,962	33,448	39,765	37,646	35,087
Biennial Change				9,995		(480)
Biennial % Change				16		(1)

Expenditures by Category

Compensation	13,344	13,779	14,226	15,757	15,757	15,757
Operating Expenses	15,199	17,479	18,253	23,284	21,165	18,606
Grants, Aids and Subsidies	7	7	13	231	231	231
Capital Outlay-Real Property	1,700	1,531	842	483	483	483
Other Financial Transaction	7	166	115	10	10	10
Total	30,257	32,962	33,448	39,765	37,646	35,087

Total Agency Expenditures	30,257	32,962	33,448	39,765	37,646	35,087
Internal Billing Expenditures	4,747	5,647	5,874	5,464	5,432	5,432
Expenditures Less Internal Billing	25,510	27,314	27,574	34,301	32,214	29,655

Full-Time Equivalents

	152.11	142.06	144.41	140.18	139.17	132.46
--	--------	--------	--------	--------	--------	--------

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base FY24 FY25	
1000 - General						
Balance Forward In		470	172	26	2,690	2,690
Direct Appropriation	3,396	3,241	2,652	2,690		
Transfers Out		629				
Cancellations		150				
Balance Forward Out	392	172	26			
Expenditures	3,004	2,760	2,798	2,716	2,690	2,690
Biennial Change in Expenditures				(250)	(134)	
Biennial % Change in Expenditures				(4)	(2)	
Full-Time Equivalents	21.97	16.50	17.07	17.07	16.06	15.66

1200 - State Government Special Rev

Balance Forward In		298		135		
Direct Appropriation	9,046	8,833	10,447	12,818	12,267	12,267
Cancellations		688				
Balance Forward Out	267		135			
Expenditures	8,779	8,443	10,312	12,953	12,267	12,267
Biennial Change in Expenditures				6,043		1,269
Biennial % Change in Expenditures				35		5
Full-Time Equivalents	34.12	31.75	35.46	35.46	35.46	35.46

2000 - Restrict Misc Special Revenue

Balance Forward In	10					
Receipts	135	194	165	161	161	161
Balance Forward Out		0				
Expenditures	145	194	165	161	161	161
Biennial Change in Expenditures				(14)		(4)
Biennial % Change in Expenditures				(4)		(1)
Full-Time Equivalents	0.95	1.10	1.01	1.01	1.01	1.01

2001 - Other Misc Special Revenue

Balance Forward In	2,132	929	867	1,503		
Receipts	3,790	3,759	4,144	4,006	4,322	4,322
Balance Forward Out	636	591	1,503			

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
Expenditures	5,285	4,098	3,508	5,509	4,322	4,322
Biennial Change in Expenditures				(366)		(373)
Biennial % Change in Expenditures				(4)		(4)
Full-Time Equivalents	27.57	25.25	22.68	22.27	22.27	22.27

2302 - Clean Water

Balance Forward In	13	13	66	9		
Direct Appropriation	150	150				
Balance Forward Out	5	60	9			
Expenditures	158	102	57	9		
Biennial Change in Expenditures				(194)		(66)
Biennial % Change in Expenditures				(75)		(100)
Full-Time Equivalents	1.00	0.65				

2403 - Gift

Balance Forward In		1,000				
Receipts	1,001					
Balance Forward Out	1,001					
Expenditures		1,000				
Biennial Change in Expenditures				(1,000)		0
Biennial % Change in Expenditures						
Full-Time Equivalents		3.58				

3000 - Federal

Balance Forward In	0	1	871	211		
Receipts	13,391	16,458	15,948	18,206	18,206	15,647
Balance Forward Out	506	94	211			
Expenditures	12,886	16,364	16,608	18,417	18,206	15,647
Biennial Change in Expenditures				5,775		(1,172)
Biennial % Change in Expenditures				20		(3)
Full-Time Equivalents	66.50	63.23	68.19	64.37	64.37	58.06

Program: Health Protection

Activity: Health Regulation

<https://www.health.state.mn.us/about/org/hrd/>

AT A GLANCE

- Monitor 5,080 health care facilities and providers for safety and quality.
- Review qualifications and regulate more than 9,500 health professionals.
- Enforce interagency agreements with the Department of Human Services that conducts 130,000 criminal background checks for healthcare workers at facilities the department regulates.
- Maintain a registry of more than 46,760 active nursing assistants.
- Inspect 535 funeral establishments, 82 crematoriums, and license 1,035 morticians.
- Audit more than 5,600 federal nursing home resident health assessments to ensure accurate submission, completion, and billing for services.
- Review plans and inspect approximately 245 healthcare construction projects per year with total construction costs over \$700 million.
- Register more than 2,550 spoken language health interpreters.

PURPOSE AND CONTEXT

Health Regulation Division staff at the Minnesota Department of Health perform a variety of important regulatory functions to protect Minnesotans, such as:

- Issuing state licenses and federal certifications.
- Completing inspections, investigations, reviews, or audits.
- Administering registries.
- Taking compliance or enforcement actions when necessary.
- Providing information to consumers and providers.

HRD regulates 54 different types of providers and organizations including healthcare facilities, health professions, and body artists and piercers. Our regulatory activities protect Minnesotans from before birth with our doula registry program, to after death with our oversight of morticians and funeral establishments. We maintain a strong relationship with the Centers for Medicare and Medicaid Services (CMS) for the many health facilities that are federally certified. We protect the health and safety of Minnesota's nursing home and assisted living residents, home care clients, hospital patients, people with intellectual disabilities, families obtaining services at funeral establishments, birth center clients, body art establishment clients, and other clients of health care.

Much of our work focuses on protecting older Minnesotans and vulnerable adults. As Minnesota's population ages over the next 20 years, older residents will require an increasing amount of health services and the need for health protection will become even more important.

SERVICES PROVIDED

Licensing and Surveys

- Evaluate license, registration, or federal certification submissions from applicants against minimum requirements to ensure all providers meet the same minimum qualifications and are qualified to practice.
- Conduct surveys of facilities and providers to verify compliance with state or federal laws, regulation, and rules as appropriate to their license, registration, or certification and protect the health, safety, and welfare of residents.
- Ensure that fire and safety inspections are conducted and that health facilities meet physical plant requirements that protect the health and safety of patients and residents.
- Review funeral service providers to ensure pre-need funds paid by families are protected and available to pay for services when needed.
- Regulate body art establishments and technicians to prevent blood borne infections.
- Conduct audits of federally certified nursing homes resident assessments to ensure facilities are accurately completing the health assessment and billing Medicaid appropriately for services provided.

Number of Incident Reports Received by Fiscal Year and Facility

	FY 2019	FY 2020	FY 2021
State Licensed Facilities or Providers	6,373	6,817	6,896
Federally Certified Facilities or Providers	10,146	12,844	10,676
Total Incident Reports Received	16,519	19,661	17,572

Licensed Nursing Homes, Assisted Livings, and Home Care Provider Agencies

	FY 2019	FY 2020	FY 2021	FY 2022
Nursing Homes	380	378	373	368
Assisted Living Facilities	0	0	0	2,182
Home Care Providers	1,534	1,862	1,675	928
Total	1,914	2,240	2,048	3,478

Complaints, Investigations, and Enforcement

- Respond to thousands of citizens' calls each year, investigate complaints, and initiate enforcement actions when appropriate against health facilities and providers found to be violating state or federal laws.
- Enforce the laws protecting persons from maltreatment under the Vulnerable Adults Act and the Maltreatment of Minors Act.
- Verify health facilities have properly taken steps to protect residents in the event of emergencies, such as fires, tornadoes, floods, pandemics, and health provider strikes.

RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous Value</i>	<i>Current Value</i>	<i>Date</i>
Quality	Federal standard: inspect each nursing home at least every 15.9 months	97%	79%	FFY 2020 FFY 2021*
Quality	Inspect each assisted living licensee at least once every two years	N/A	21%**	FY 2021
Quality	Inspect each licensed home care provider at least once every three years	93%	86%	FY 2020 FY 2021

* The federal fiscal year (FFY) period is from October 1 to September 30 of the following year.

** Assisted living licensure implemented on August 1, 2021 (fiscal year 2022) and the first full 24-month cycle will be completed on June 30, 2023.

STATUTES

M.S. 144.0572 Criminal history background checks on applicants, licensees, and other occupations regulated by commissioner of health (<https://www.revisor.mn.gov/statutes/cite/144.0572>)

M.S. 144.058 Spoken language health care interpreters (<https://www.revisor.mn.gov/statutes/cite/144.058>)

M.S. 144.0724 Case mix (<https://www.revisor.mn.gov/statutes/cite/144.0724>)

M.S. 144.50 - .60 Hospital licensure (<https://www.revisor.mn.gov/statutes/cite/144.50>)

M.S. 144.50 - .56 Boarding care licensure (<https://www.revisor.mn.gov/statutes/cite/144.50>)

M.S. 144.50 - .56 Supervised living facility licensure (<https://www.revisor.mn.gov/statutes/cite/144.50>)

M.S. 144A.001 - .1888 Nursing home licensure (<https://www.revisor.mn.gov/statutes/cite/144A.001>)

M.S. 144A.43 - .483 Home care licensure (<https://www.revisor.mn.gov/statutes/cite/144A.43>)

M.S. 144A.46 Office health facility complaints (<https://www.revisor.mn.gov/statutes/cite/144A.46>)

M.S. 144A.61 - .62 Nursing assistant registration (<https://www.revisor.mn.gov/statutes/cite/144A.61>)

M.S. 144A.70 - .74 Supplemental nursing services agencies (<https://www.revisor.mn.gov/statutes/cite/144A.70>)

M.S. 144A.75 - .756 Hospice licensure (<https://www.revisor.mn.gov/statutes/cite/144A.75>)

M.S. 144G Assisted living licensure (<https://www.revisor.mn.gov/statutes/cite/144G>)

M.S. 146A Complementary and alternative health care practices (<https://www.revisor.mn.gov/statutes/cite/146A>)

M.S. 146B Body art licensure (<https://www.revisor.mn.gov/statutes/cite/146B>)

M.S. 148.511 - .5198 Speech language pathologists and audiologists licensing (<https://www.revisor.mn.gov/statutes/cite/148.511>)

M.S. 148.995 - .997 Doula registration (<https://www.revisor.mn.gov/statutes/cite/148.995>)

M.S. 149A Mortuary science licensure (<https://www.revisor.mn.gov/statutes/cite/149A>)

M.S. 153A Hearing instrument dispensing (<https://www.revisor.mn.gov/statutes/cite/153A>)

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	12,627	14,567	13,447	15,753	14,422	14,422
1200 - State Government Special Rev	12,588	12,997	16,532	20,356	18,548	18,548
2000 - Restrict Misc Special Revenue			116	2,249	265	265
2001 - Other Misc Special Revenue	2,036	0	0	19,757	19,757	19,757
3000 - Federal	12,237	18,834	18,346	20,036	18,924	18,249
Total	39,488	46,398	48,440	78,151	71,916	71,241
Biennial Change				40,705		16,566
Biennial % Change				47		13
<u>Expenditures by Category</u>						
Compensation	25,925	29,375	32,717	28,905	28,905	28,905
Operating Expenses	13,551	17,021	15,612	49,246	43,011	42,336
Grants, Aids and Subsidies		0	103			
Other Financial Transaction	12	1	8			
Total	39,488	46,398	48,440	78,151	71,916	71,241
Total Agency Expenditures	39,488	46,398	48,440	78,151	71,916	71,241
Internal Billing Expenditures	5,662	6,878	6,407	3,895	3,895	3,895
Expenditures Less Internal Billing	33,826	39,520	42,033	74,256	68,021	67,346
<u>Full-Time Equivalents</u>						
	238.38	256.77	287.16	282.17	279.90	279.02

Health Regulation

Activity Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base	
	FY20	FY21	FY22	FY23	FY24	FY25
1000 - General						
Balance Forward In		4,421		1,342		
Direct Appropriation	17,416	18,232	14,836	14,450	14,422	14,422
Transfers In	3,013	3,013				
Transfers Out	3,741	6,574	47	39		
Cancellations		4,525				
Balance Forward Out	4,061		1,342			
Expenditures	12,627	14,567	13,447	15,753	14,422	14,422
Biennial Change in Expenditures				2,006		(356)
Biennial % Change in Expenditures				7		(1)
Full-Time Equivalents	29.93	41.04	39.65	38.31	36.04	35.16

1200 - State Government Special Rev

Balance Forward In		865		1,808		
Direct Appropriation	15,478	14,597	18,340	18,548	18,548	18,548
Transfers Out	2,226	1,449				
Cancellations		1,015				
Balance Forward Out	664		1,808			
Expenditures	12,588	12,997	16,532	20,356	18,548	18,548
Biennial Change in Expenditures				11,303		208
Biennial % Change in Expenditures				44		1
Full-Time Equivalents	50.23	54.79	75.22	75.22	75.22	75.22

2000 - Restrict Misc Special Revenue

Balance Forward In		973	1,301	1,984		
Receipts	192	319	798	265	265	265
Transfers In	777					
Balance Forward Out	969	1,291	1,984			
Expenditures			116	2,249	265	265
Biennial Change in Expenditures				2,365		(1,835)
Biennial % Change in Expenditures						(78)
Full-Time Equivalents	0.06					

2001 - Other Misc Special Revenue

Health Regulation

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
Receipts	2,036			19,757	19,757	19,757
Expenditures	2,036	0	0	19,757	19,757	19,757
Biennial Change in Expenditures				17,721		19,757
Biennial % Change in Expenditures				870		100
Full-Time Equivalents	142.99	131.69	153.11	153.11	153.11	153.11

2360 - Health Care Access

Full-Time Equivalents	0.05		
-----------------------	------	--	--

3000 - Federal

Balance Forward In		61				
Receipts	12,537	18,773	18,346	20,036	18,924	18,249
Balance Forward Out	300		0			
Expenditures	12,237	18,834	18,346	20,036	18,924	18,249
Biennial Change in Expenditures				7,310		(1,209)
Biennial % Change in Expenditures				24		(3)
Full-Time Equivalents	15.12	29.25	19.18	15.53	15.53	15.53

Program: Health Operations<https://www.health.state.mn.us/about/org/index.html>**AT A GLANCE**

Budget activity:

- Health Operations

PURPOSE AND CONTEXT

Minnesota's public health system is considered among the best in the nation. It is built upon and maintains strong partnerships among local public health agencies, tribal governments, and a range of other organizations. Health Operations provides overall vision and strategic leadership to sustain the state's public health system and create effective public health policy and practice in Minnesota.

Further detail on the purpose, services, results, authorizing statutes, and fiscal information of the Health Operations activity are described in the following pages.

Program: Health Operations

Activity: Health Operations

<https://www.health.state.mn.us/about/mdh.html>

AT A GLANCE

- Oversee management of financial resources, incoming federal awards, and outgoing grants.
- Provide human resource services to over 1,655 full-time equivalent staff.
- Manage 10 facilities including two St. Paul office locations, seven regional district offices, and one public health laboratory.
- Provide legal and records management compliance services.

PURPOSE AND CONTEXT

We provide operational support for employees and programs within the agency to ensure strong stewardship of human, financial, and technical resources. We strive to achieve efficient and accountable government services by promoting strong internal controls, evaluating process improvement opportunities, and using project management tools. We assist the agency in navigating complex and sensitive legal and compliance issues. We carry out our mission in partnership with a wide range of external organizations as we aim to protect, maintain, and improve the health of all Minnesotans.

SERVICES PROVIDED

American Indian Health staff work as Tribal liaisons bridging relationships with MDH staff and Tribal staff/leaders and facilitating Tribal consultation visits between Tribal Nations and the commissioner. This work provides department-wide consultation on Tribal relations.

Business Innovation and Support staff provide management of physical property, a framework for results-based accountability, project management services for process improvement, and strategic direction for data systems interoperability. Facility management includes space planning, physical security, lease management, fleet services, and building operations support at MDH district offices, with a focus on sustainability and reducing the impact of our operations on the environment.

Communications staff ensure that accurate, timely, and clear information on a wide range of public health topics is shared with the public, with a special focus on coordinating public awareness and outreach related to emerging public health concerns.

Executive Office staff provide department-wide leadership for all public health issues and operations.

Finance staff provide stewardship of financial resources through budget planning, centralized accounting and procurement services, oversight of cash management, and fiscal reporting for federal grants.

Human Resource Management staff provide strategic personnel management and workforce development, promote equity, diversity, and inclusion, manage employee and labor relations, administer benefits and payroll, ensure a safety work environment and coordinate training programs.

Internal Audit staff provide independent, objective assurance, and consulting activities to MDH management over a variety of financial, programmatic and compliance matters. Staff evaluate and improve the effectiveness of risk management, internal controls, and various governance processes.

Legal Unit staff advise agency and program leaders about often novel, complex, and sensitive legal and compliance issues to help decision making and mitigate risk.

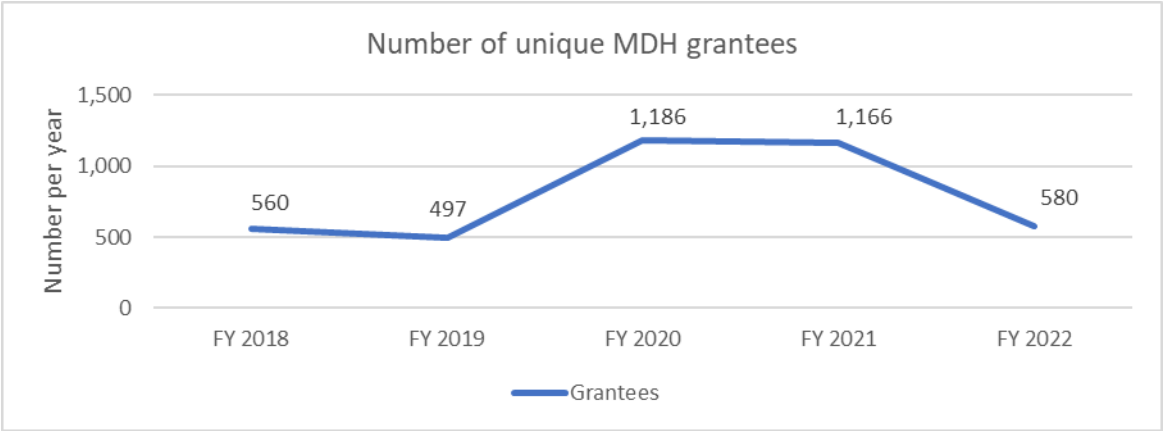
Legislative Relations staff coordinate state legislative activities and monitor federal legislative actions to advance the department’s priorities and mission and serve as a point of contact for the public, other departments, legislators, and legislative staff.

MDH works in partnership with MN.IT to manage our information technology resources and ensure that technology meets our business needs. MN.IT staff at MDH provide technical expertise for systems planning and development, ensure data system security, and manage our communication and technology infrastructure.

American Indian Health staff work as tribal liaisons bridging relationships with MDH staff and Tribal staff/leaders and facilitating Tribal consultation visits between Tribal Nations and the commissioner. This work provides department-wide consultation on Tribal relations.

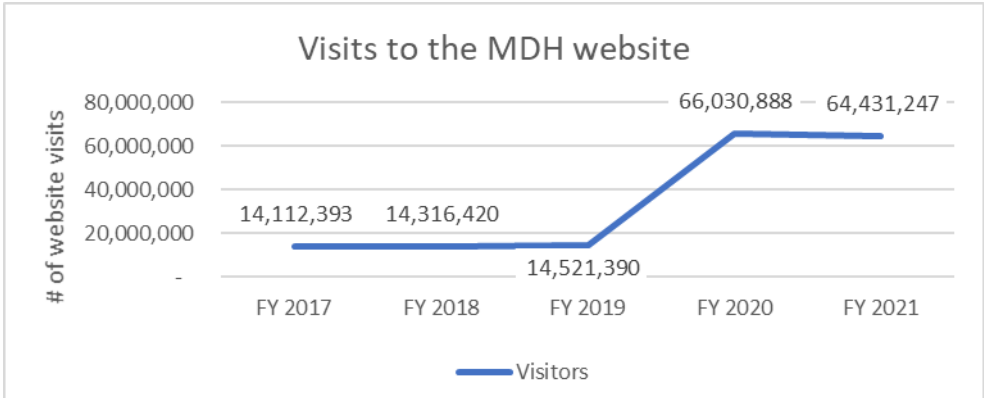
RESULTS

Increase in the number of grantee organizations



MDH offers a wide variety of grant opportunities to counties, non-profits, schools, community organizations, and others. The number of organizations receiving an MDH grant each year averaged 527 between fiscal year 2016 and 2019. In fiscal year 2020, 1,186 organizations received an MDH grant, which is 2.4 times greater than the previous year. The increases in FY2020 and 2021 are largely attributable to new legislative appropriations and additional grant opportunities for pandemic preparedness and response. The decrease in FY2022 is reflective of the decrease in pandemic response activities.

Providing information for partners, providers, and the public



The MDH website includes specific content for the public, health providers, partners, and community organizations. People who visit the website obtain information about public health topics and learn about how they are served by MDH programs. From fiscal year 2017 to 2019, the MDH website had had an average of 14.3 million visits per year. In fiscal year 2020 and fiscal year 2021, the number of visits increased 4.5 times from those in fiscal year 2019.

Type of Measure	Name of Measure	FY 2020	FY 2021	FY 2022
Quantity	Number of legislative reports prepared	6**	15	14*
Quantity	Number of bills tracked	249	540	421

* Beginning in 2022, [Laws of Minnesota, 2021, Chapter 30, Article 3, Section 10](#) created a sunset for most of the recurring reports MDH is required to submit. The provision requires MDH to submit a report each year which lists all report mandates set to expire that year.

** The COVID-19 pandemic disrupted MDH's normal work and many reports were delayed from 2020.

STATUTES

M.S. 144 (<https://www.revisor.mn.gov/statutes/cite/144>)

M.S. 145 (<https://www.revisor.mn.gov/statutes/cite/145>)

M.S. 145A (<https://www.revisor.mn.gov/statutes/cite/145A>)

M.S. 62J (<https://www.revisor.mn.gov/statutes/cite/62J>)

Health Operations

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
<u>Expenditures by Fund</u>						
1000 - General	9,383	13,410	8,696	16,202	12,347	12,231
2000 - Restrict Misc Special Revenue	1	0	2	33		
2001 - Other Misc Special Revenue	33,353	30,714	39,247	41,370	41,290	41,290
2403 - Gift	1	0	0	25		
3000 - Federal	1,550	998	812	1,584	1,584	1,584
Total	44,289	45,122	48,757	59,214	55,221	55,105
Biennial Change				18,560		2,355
Biennial % Change				21		2

Expenditures by Category

Compensation	13,781	15,744	16,838	19,089	19,089	19,089
Operating Expenses	30,455	29,373	31,919	39,858	35,865	35,749
Grants, Aids and Subsidies		0				
Capital Outlay-Real Property	28		0	250	250	250
Other Financial Transaction	25	4	1	17	17	17
Total	44,289	45,122	48,757	59,214	55,221	55,105

Total Agency Expenditures	44,289	45,122	48,757	59,214	55,221	55,105
Internal Billing Expenditures	820	284	577	830	830	830
Expenditures Less Internal Billing	43,469	44,838	48,179	58,384	54,391	54,275

Full-Time Equivalents

128.35	144.82	145.63	146.37	146.18	146.12
---------------	---------------	---------------	---------------	---------------	---------------

Health Operations

Activity Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base	
	FY20	FY21	FY22	FY23	FY24	FY25
1000 - General						
Balance Forward In		1,914		3,753		
Direct Appropriation	10,598	7,975	11,570	11,579	12,549	12,433
Transfers In	874	3,655	1,064	1,072		
Transfers Out	217	127	184	202	202	202
Cancellations		7				
Balance Forward Out	1,872		3,753			
Expenditures	9,383	13,410	8,696	16,202	12,347	12,231
Biennial Change in Expenditures				2,105		(320)
Biennial % Change in Expenditures				9		(1)
Full-Time Equivalents	2.55	1.00	3.05	3.05	2.86	2.80
1251 - COVID-19 Minnesota						
Balance Forward In		19,484				
Cancellations		19,484				
2000 - Restrict Misc Special Revenue						
Balance Forward In	31	34	34	33		
Receipts	4		0			
Balance Forward Out	34	34	33			
Expenditures	1	0	2	33		
Biennial Change in Expenditures				34		(35)
Biennial % Change in Expenditures				3,616		(100)
2001 - Other Misc Special Revenue						
Balance Forward In	4,259	3,180	6,880	80		
Receipts	30,234	29,519	32,446	41,290	41,290	41,290
Internal Billing Receipts	30,058	29,404	32,316	41,145	41,145	41,145
Transfers In		41				
Transfers Out	800					
Balance Forward Out	340	2,027	79			
Expenditures	33,353	30,714	39,247	41,370	41,290	41,290
Biennial Change in Expenditures				16,551		1,963
Biennial % Change in Expenditures				26		2

Health Operations

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base	
					FY24	FY25
Full-Time Equivalents	124.48	143.18	141.23	141.23	141.23	141.23

2403 - Gift

Balance Forward In	18	22	25	25		
Receipts	5	0				
Transfers In	18					
Transfers Out	18					
Balance Forward Out	22	22	25			
Expenditures	1	0	0	25		
Biennial Change in Expenditures				23		(25)
Biennial % Change in Expenditures				1,289		(100)

3000 - Federal

Receipts	1,550	998	812	1,584	1,584	1,584
Expenditures	1,550	998	812	1,584	1,584	1,584
Biennial Change in Expenditures				(153)		772
Biennial % Change in Expenditures				(6)		32
Full-Time Equivalents	1.32	0.64	1.35	2.09	2.09	2.09