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Board of Podiatric Medicine

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<https://mn.gov/boards/podiatic-medicine/>

AT A GLANCE

Credentialing Services

- 550 Licensees - 272 Doctors of Podiatric Medicine (DPM), 80 Orthotists, 27 Prosthetists, 100 Prosthetist Orthotists, 42 Pedorthists, 18 Fitters, 11 Assistants
- 146 DPM License Renewals (92% completed online)
- 13 Temporary Permits
- 51 New Applicants (88% completed online)
17 DPM Applications, 8 Orthotists, 2 Prosthetists, 17 Prosthetist Orthotists
1 Pedorthists, 5 Fitters, 1 Assistant
- 2,360 License Verifications (99% completed online)

Professional Development/Continuing Education

- 5,697 Continuing Medical Education (CME) hours reviewed
- Approved 6 CME Sponsorships
- Conducted 17 DPM Interviews
- Administered 17 Jurisprudence Exams

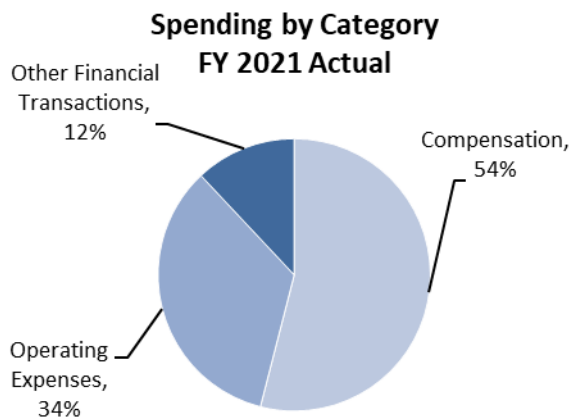
PURPOSE

The Minnesota Board of Podiatric Medicine was established in 1916. The Board mission is to protect the public by extending the privilege to practice to qualified doctors of podiatric medicine (DPM), orthotists, prosthetists, prosthetist orthotists, pedorthists, fitters, and assistants, and investigating complaints relating to their competency or behavior.

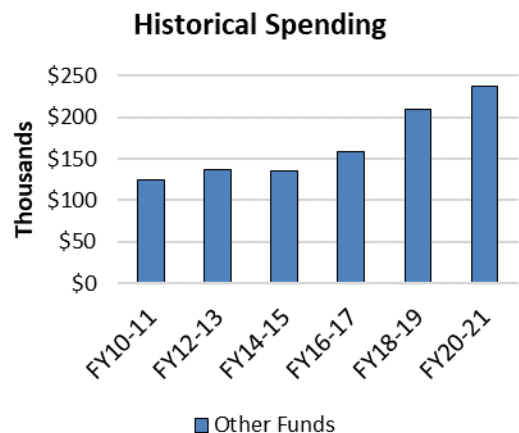
The Board accomplishes its mission by:

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

BUDGET



Source: Budget Planning & Analysis System (BPAS)



Source: Consolidated Fund Statement

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

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

STRATEGIES

The Board of Podiatric Medicine is guided by these principles:

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

The Board’s licensure strategies are accomplished through licensure of applicants who meet set standards of education, examination, supervised practice, continuing education, and ethical practice. The number of licensed DPMs in Minnesota has increased 8% over the past two years. This reflects the growing need for their services and the demand is expected to continue with an aging population.

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

The Board’s administrative strategies are advanced through responsive, efficient, and cost-effective services that include a commitment to technology upgrades, helping to achieve this goal. The Automated Licensing Information Management System (ALIMS) offers online applications, renewals and verifications and receives them in real time, creating significant efficiencies.

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

RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quality	Number of DPM licensees	267	272	2019 2021
Quality	Number of new license applications	51	60	2019 2021
Quantity/Quality	Percent and number of license verifications made online	1,092/98%	2,360/99%	2019 2021
Quantity	Number of complaints received/investigated	11	10	2019 2021

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quality	Licenses granted within 2 days upon receipt of all documentation	100%	100%	2019 2021

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

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

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

(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base		Governor's Recommendation	
					FY24	FY25	FY24	FY25

Expenditures by Fund

1201 - Health Related Boards	106	129	118	310	214	214	253	257
2000 - Restrict Misc Special Revenue	1	1	2	2	1	1	1	1
Total	107	130	120	312	215	215	254	258
Biennial Change				194		(2)		80
Biennial % Change				82		(0)		19
Governor's Change from Base								82
Governor's % Change from Base								19

Expenditures by Program

Podiatry Board	107	130	120	312	215	215	254	258
Total	107	130	120	312	215	215	254	258

Expenditures by Category

Compensation	67	71	82	136	100	105	133	142
Operating Expenses	41	45	38	171	110	105	116	111
Other Financial Transaction		15		5	5	5	5	5
Total	107	130	120	312	215	215	254	258

Full-Time Equivalents

	0.66	0.60	0.59	0.85	0.75	0.75	0.75	0.75
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(Dollars in Thousands)

	Actual FY20	Actual FY21	Actual FY22	Estimate FY23	Forecast Base		Governor's Recommendation	
					FY24	FY25	FY24	FY25
1201 - Health Related Boards								
Balance Forward In		99		96				
Direct Appropriation	204	199	214	214	214	214	253	257
Cancellations	5	169						
Balance Forward Out	93		96					
Expenditures	106	129	118	310	214	214	253	257
Biennial Change in Expenditures				193		0		82
Biennial % Change in Expenditures				82		0		19
Governor's Change from Base								82
Governor's % Change from Base								19
Full-Time Equivalents	0.66	0.60	0.59	0.85	0.75	0.75	0.75	0.75

2000 - Restrict Misc Special Revenue

Balance Forward In	0	1	1	1				
Receipts	1	1	2	1	1	1	1	1
Balance Forward Out	1	1	1					
Expenditures	1	1	2	2	1	1	1	1
Biennial Change in Expenditures				1		(2)		(2)
Biennial % Change in Expenditures				48		(45)		(45)
Governor's Change from Base								0
Governor's % Change from Base								0

(Dollars in Thousands)

	FY23	FY24	FY25	Biennium 2024-25
Direct				
Fund: 1201 - Health Related Boards				
FY2023 Appropriations	214	214	214	428
Forecast Base	214	214	214	428
Change Items				
Maintain Current Service Levels		39	43	82
Total Governor's Recommendations	214	253	257	510
Dedicated				
Fund: 2000 - Restrict Misc Special Revenue				
Planned Spending	2	1	1	2
Forecast Base	2	1	1	2
Total Governor's Recommendations	2	1	1	2
Revenue Change Summary				
Dedicated				
Fund: 2000 - Restrict Misc Special Revenue				
Forecast Revenues	1	1	1	2
Total Governor's Recommendations	1	1	1	2
Non-Dedicated				
Fund: 1201 - Health Related Boards				
Forecast Revenues	155	289	155	444
Total Governor's Recommendations	155	289	155	444

Board of Podiatric Medicine

FY 2024-25 Biennial Budget Change Item

Change Item Title: Maintain Current Service Levels

Fiscal Impact (\$000s)	FY 2024	FY 2025	FY 2026	FY 2027
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Other Funds				
Expenditures	39	43	43	43
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	39	43	43	43
FTEs	0	0	0	0

Recommendation:

The Governor recommends additional funding of \$39,000 in FY 2024 and \$43,000 in each subsequent year from the state government special revenue fund to maintain the current level of service delivery at the Board of Podiatric Medicine.

Rationale/Background:

Each year, the cost of doing business rises—employer-paid health care contributions, FICA and Medicare, along with other salary and compensation-related costs increase. Other operating costs, like rent and lease, fuel and utilities, and IT and legal services also grow. This cost growth puts pressure on agency operating budgets that remain flat from year to year.

Agencies face challenging decisions to manage these costs within existing budgets, while maintaining the services Minnesotans expect. From year to year, agencies find ways to become more efficient with existing resources. However, cost growth typically outstrips efficiencies, and without additional resources added to agency budgets, service delivery erodes.

For the Board, operating cost pressures exist in multiple categories—increases in compensation and insurance costs at the agency, increasing costs to maintain our current staff complement in a challenging labor market, and increasing IT costs. If an operational increase is not provided, there will be negative impact to the current level of service to both licensees and the public, the medical workforce. It will result in the Board being unable to meet its legislative mandate to provide timely critical public safety services to children, families, underserved and disadvantaged communities, and ensure that citizens receive podiatric medicine, orthotic, prosthetic, and pedorthic services from licensees who meet Board ethical standards of practice.

Proposal:

The Governor recommends increasing agency operating budgets to support maintaining the delivery of current services. For the Board, this funding will support expected and anticipated employee compensation growth and known cost increases in IT services.

Results:

This proposal is intended to allow the Board of Podiatric Medicine to continue to provide current levels of service and information to the public.