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Board of Podiatric Medicine

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

AT A GLANCE

Credentialing Services

- 596 Licensees - 286 Doctors of Podiatric Medicine (DPM), 84 Orthotists, 23 Prosthetists, 122 Prosthetist Orthotists, 42 Pedorthists, 18 Fitters, 21 Assistants
- 155 DPM License Renewals (99% completed online)
- 22 Temporary Permits
- 63 New Applicants (98% completed online)
20 DPM Applications, 5 Orthotists, 1 Prosthetist, 15 Prosthetist Orthotists
2 Pedorthists, 3 Fitters, 5 Assistant, 12 Temporary Permits
- 2,214 License Verifications (99% completed online)

Professional Development/Continuing Education

- Reviewed over 6,200 hours of Continuing Medical Education (CME)
- Approved 5 CME Sponsorships
- Conducted 19 DPM Interviews
- Administered 19 Jurisprudence Exams

PURPOSE

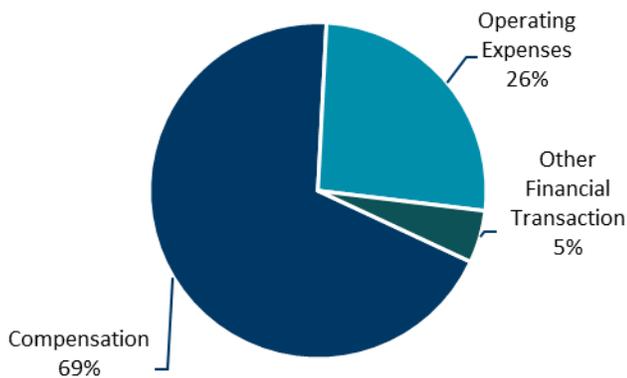
The Minnesota Board of Podiatric Medicine was established in 1917. The Board's mission is to protect the public by extending the privilege to practice to qualified doctors of podiatric medicine (DPM), orthotists, prosthetists, prosthetist orthotists, pedorthists, fitters, and assistants, and investigating 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.

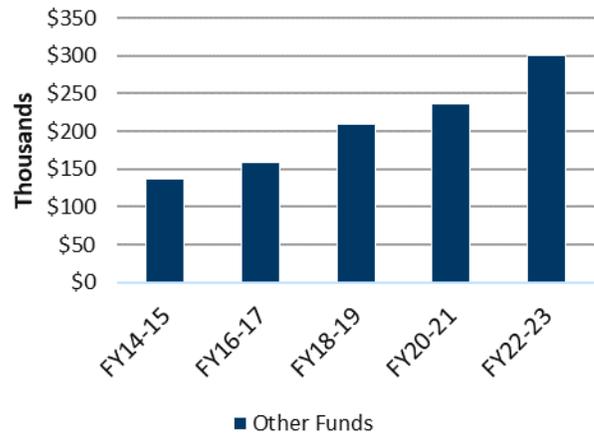
BUDGET

**Spending by Category
FY 2023 Actual**



Source: Budget Planning & Analysis System (BPAS)

Historical Spending



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 approximately 5% 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

Measure name	Measure type	Measure data source	Historical trend (FY 2023)	Most recent data (FY 2024)
Number of DPM licensees	Quality	Licensee Register Book and ALIMS data	272 last period. Increase of 5%. Number of Licensees dropped slightly during the COVID peacetime emergency but has since recovered.	286
Number of new license applications	Quality	Manual tally and ALIMS data	60 last period. Same trend as above.	67
Number and percent of license verifications made online	Quantity/Quality	ALIMS data	Near 100% for the last two periods, but improvements to ALIMS closed the last remaining 1% gap.	2,214/100%
Number of complaints received/investigated	Quantity	Manual tally and ALIMS data	10 in the last period. Up significantly, but this fluctuates from year to year.	19
Licenses granted within 2 days upon receipt of all documentation	Quality	ALIMS data	Remains consistent at 100%.	100%

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 FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base	
					FY26	FY27

Expenditures by Fund

1201 - Health Related Boards	118	179	174	336	257	257
2000 - Restrict Misc Special Revenue	2	2	2	2	2	2
Total	120	181	176	338	259	259
Biennial Change				213		4
Biennial % Change				71		1

Expenditures by Program

Podiatry Board	120	181	176	338	259	259
Total	120	181	176	338	259	259

Expenditures by Category

Compensation	82	124	131	140	140	140
Operating Expenses	38	47	45	193	114	114
Other Financial Transaction		10		5	5	5
Total	120	181	176	338	259	259

Full-Time Equivalents

	0.59	1.01	1.00	1.00	1.00	1.00
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(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base	
					FY26	FY27
1201 - Health Related Boards						
Balance Forward In		103		79		
Direct Appropriation	214	214	253	257	257	257
Transfers Out		30				
Cancellations		108				
Balance Forward Out	96		79			
Expenditures	118	179	174	336	257	257
Biennial Change in Expenditures				212		4
Biennial % Change in Expenditures				71		1
Full-Time Equivalents	0.59	1.01	1.00	1.00	1.00	1.00

2000 - Restrict Misc Special Revenue

Balance Forward In	1	1	1			
Receipts	2	2	1	2	2	2
Balance Forward Out	1	1	0			
Expenditures	2	2	2	2	2	2
Biennial Change in Expenditures				1		0
Biennial % Change in Expenditures				20		(1)

(Dollars in Thousands)

	FY25	FY26	FY27	Biennium 2026-27
Direct				
Fund: 1201 - Health Related Boards				
FY2025 Appropriations	257	257	257	514
Forecast Base	257	257	257	514
Dedicated				
Fund: 2000 - Restrict Misc Special Revenue				
Planned Spending	2	2	2	4
Forecast Base	2	2	2	4
Revenue Change Summary				
Dedicated				
Fund: 2000 - Restrict Misc Special Revenue				
Forecast Revenues	2	2	2	4
Non-Dedicated				
Fund: 1201 - Health Related Boards				
Forecast Revenues	139	293	139	432