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<https://mn.gov/boards/dentistry/>

### AT A GLANCE

- Regulate over 17,700 dentists, dental therapists, dental hygienists, and dental assistants
- Issue over 850 new licenses each year
- Investigate an average of over 250 complaints each year
- Maintain and monitor requirements for dental professional continuing education
- Conduct professional development audits for compliance
- Maintain a registry of 90 dental laboratories
- Maintain a registry of over 960 dental professional firms
- Recognition for innovation nationally and internationally; including being the first state to license dental therapists and create a licensing path for internationally trained dentists and specialists
- Recognized for participation in the development of the DDH Interstate License Compact
- Participate in examining dental and allied dental professional candidates
- Work toward balanced policy to promote health, safety, and access to dental care for Minnesotans
- Serve as the fiscal agent and management oversight for the Administrative Services Unit (ASU)

### PURPOSE

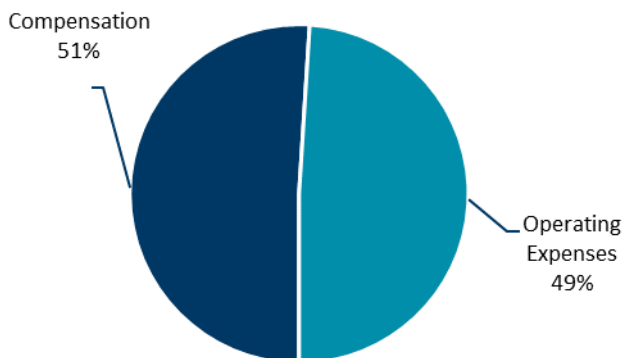
The mission of the Minnesota Board of Dentistry is to promote and protect public health and safety and ensure that every licensed dental professional practicing in the state meets the requirements for safe, competent, and ethical practice. We accomplish our mission of public protection through:

- establishing initial licensure standards (education and examinations) and continued competence standards (professional development)
- enforcing regulations and responding to complaints
- providing students and licensees education, resources, and timely information

**Beginning in FY 2022, Dentistry has taken over budgetary responsibility as the fiscal agent for the Administrative Services Unit (ASU) from the Board of Executives for Long Terms Services and Supports (BELTSS).**

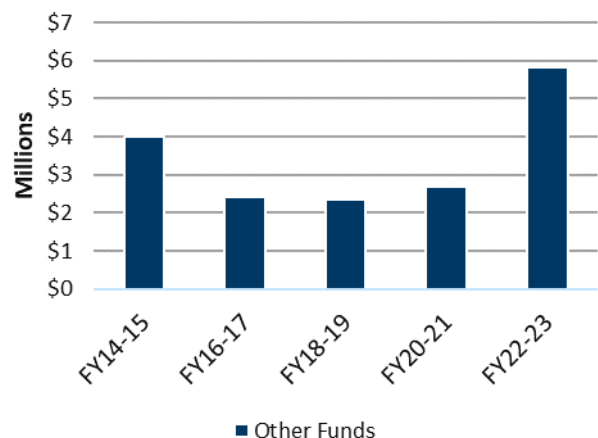
### BUDGET

**Spending by Category  
FY 2023 Actual**



Source: Budget Planning & Analysis System (BPAS)

**Historical Spending**



Source: Consolidated Fund Statement

**\*The increases in spending that are reflected in the graphs indicate this change that included the ASU budget within the Minnesota Board of Dentistry budget.**

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

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

**ASU:** Currently, 19 health and non-health related licensing boards fund the operations of Administrative Services Unit.

## **STRATEGIES**

The Board accomplishes its mission through services that include: establishing the educational, examination and other qualification standards for initial licensure as dentists, dental hygienists, dental therapists, and dental assistants; determining requirements for license renewal, such as professional development (continuing education); accepting, investigating, and resolving complaints regarding licensed dental professionals and unlicensed practice; infection control and anesthesia inspections; tracking compliance of licensees who are under corrective or disciplinary action of the Board; maintaining professional firm data in compliance with Minn. Statute 319B; disseminating public information; and engaging in policy, law, and rulemaking initiatives to ensure that statutes and rules regulating dental professions remain relevant.

The Board achieves its mission by continuous learning and engagement with dental professionals, dental students, and dental professional educational institutions. The Board strives to address complaints in a timely and efficient manner. The Board continues to look for new methods of communication to engage the public in what we do and how we work to ensure safe dental care is provided to the citizens of Minnesota. The Board has implemented an engagement plan to engage the public and professionals. This plan includes social media, newsletters, instructional videos. The Board maintain consistency, integrity, and understanding of our licensing process by providing transparency in our requirements for education and consistency in the application and criminal background check processes. The board is has recently done a large rulemaking project to remove some of the undue burdens in the license by credentials process for dentists and dental hygienists. We recently established a streamlined process for improving the dental assisting by credential process. These support the process of candidate integrity during licensing and furthers our mission to protect the public by ensuring that Minnesota citizens receive quality dental health care from competent dental health care professionals. The Board of Dentistry participated in the development of the national Dentist and Dental Hygienist Interstate License Compact, which was enacted in Minnesota law this last legislative session.

We are working with information technology to improve the quality and quantity measures for licensing and the complaint/ compliance process, including reporting. We have overall had a reduction in the length of time spent for complaint resolution for standard complaints. We work with national testing agencies to ensure the integrity of the dental and allied dental professional examination process. We have been able to lower our total costs per licensee by employing paperless renewal methods, electronic notifications and reduce postage costs. We plan on implementing a new Salesforce database, working with the Minnesota Information Technology Salesforce team in Spring 2026. We are also seeking technology to issue electronic licenses to provide further convenience for

licensees, public transparency (ease of look up and access to public data), to further conserve integrity, and prevent fraud in licensure.

**ASU:** The Administrative Services Unit is a centralized business office and facilitates the coordination of financial, human resource, contracting, and other common office services. This allows each board to focus their staff resources on public safety and board specific practices.

## RESULTS

The Board continues to stay current on expectations, opportunities, and standards for regulating dental professionals. We have become more effective and efficient in the way we process complaints. The last fiscal year has brought very complex and multi-faceted complaints. We have improved our licensing procedures while maintaining high standards and keeping operating costs low. We have not raised licensing fees for several years and do not intend on raising fees in the next biennium.

Measure name	Measure type	Measure data source	Historical trend	Most recent data
Limited Radiology Registrations	Result	Access database query	Only 8 limited radiology registrations issued from July 2010 to June 2022  Policy- Rulemaking change- 2022- removed barriers and increased applicants	141 new limited radiology registrations issued from July 2022 to June 2024
New Licenses Issued	Quantity and Quality	Access database query	FY2022- issued 770 new licenses	FY2024- 855 new licenses issued
Complaints Processed	Quantity and Quality	Access database query	FY2021 and FY2022- 461 complaints processed	FY2023 and FY2024- 448 complaints processed

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Minnesota Statutes Chapter 214 (enabling statute) <https://www.revisor.mn.gov/statutes/?id=214>

Minnesota Statutes Chapter 150A (Dental Practice Act) <https://www.revisor.mn.gov/statutes/?id=150A>

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY22	FY23	FY24	FY25	FY26	FY27	FY26	FY27
<b><u>Expenditures by Fund</u></b>								
1201 - Health Related Boards	2,752	2,972	3,164	6,592	4,208	4,210	4,308	4,310
2000 - Restrict Misc Special Revenue	27	33	28	44	25	25	25	25
2001 - Other Misc Special Revenue	21	35	45	53	53	53	53	53
<b>Total</b>	<b>2,800</b>	<b>3,040</b>	<b>3,236</b>	<b>6,689</b>	<b>4,286</b>	<b>4,288</b>	<b>4,386</b>	<b>4,388</b>
Biennial Change				4,086		(1,351)		(1,151)
Biennial % Change				70		(14)		(12)
Governor's Change from Base								200
Governor's % Change from Base								2

**Expenditures by Program**

Dentistry Board	2,800	3,040	3,236	6,689	4,286	4,288	4,386	4,388
<b>Total</b>	<b>2,800</b>	<b>3,040</b>	<b>3,236</b>	<b>6,689</b>	<b>4,286</b>	<b>4,288</b>	<b>4,386</b>	<b>4,388</b>

**Expenditures by Category**

Compensation	1,505	1,549	1,643	2,307	2,043	2,089	2,143	2,189
Operating Expenses	1,289	1,490	1,595	4,362	2,223	2,179	2,223	2,179
Capital Outlay-Real Property				15	15	15	15	15
Other Financial Transaction	6	0	(1)	5	5	5	5	5
<b>Total</b>	<b>2,800</b>	<b>3,040</b>	<b>3,236</b>	<b>6,689</b>	<b>4,286</b>	<b>4,288</b>	<b>4,386</b>	<b>4,388</b>

**Full-Time Equivalents**

<b>16.60</b>	<b>17.19</b>	<b>16.90</b>	<b>18.20</b>	<b>17.80</b>	<b>17.80</b>	<b>18.80</b>	<b>18.80</b>
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(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY22	FY23	FY24	FY25	FY26	FY27	FY26	FY27
1201 - Health Related Boards								
Balance Forward In		2,959	1,465	2,389	4	5	4	5
Direct Appropriation	4,228	3,756	4,100	4,206	4,208	4,210	4,308	4,310
Receipts	1	1	2	1	1	1	1	1
Transfers In	1,464							
Transfers Out	122	129	13					
Cancellations		2,150						
Balance Forward Out	2,819	1,466	2,390	4	5	6	5	6
Expenditures	2,752	2,972	3,164	6,592	4,208	4,210	4,308	4,310
Biennial Change in Expenditures			4,033		(1,338)		(1,138)	
Biennial % Change in Expenditures			70		(14)		(12)	
Governor's Change from Base							200	
Governor's % Change from Base							2	
Full-Time Equivalents	16.60	17.13	16.90	18.20	17.80	17.80	18.80	18.80

**2000 - Restrict Misc Special Revenue**

Balance Forward In	10	10	12	19				
Receipts	26	32	35	25	25	25	25	25
Balance Forward Out	9	9	19					
<b>Expenditures</b>	<b>27</b>	<b>33</b>	<b>28</b>	<b>44</b>	<b>25</b>	<b>25</b>	<b>25</b>	<b>25</b>
Biennial Change in Expenditures				11		(22)		(22)
Biennial % Change in Expenditures				19		(30)		(30)
Governor's Change from Base								0
Governor's % Change from Base								0

**2001 - Other Misc Special Revenue**

Balance Forward In		0	0					
Receipts	21	35	45	53	53	53	53	53
Balance Forward Out	0	0	0					
<b>Expenditures</b>	<b>21</b>	<b>35</b>	<b>45</b>	<b>53</b>	<b>53</b>	<b>53</b>	<b>53</b>	<b>53</b>
Biennial Change in Expenditures				42		8		8
Biennial % Change in Expenditures				74		8		8
Governor's Change from Base								0
Governor's % Change from Base								0

*(Dollars in Thousands)*

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY22	FY23	FY24	FY25	FY26	FY27	FY26	FY27
Full-Time Equivalents		0.06						

(Dollars in Thousands)

	FY25	FY26	FY27	Biennium 2026-27
<b>Direct</b>				
<b>Fund: 1201 - Health Related Boards</b>				
FY2025 Appropriations	4,206	4,206	4,206	8,412
Base Adjustments				
Current Law Base Change		2	4	6
Forecast Base	4,206	4,208	4,210	8,418
Change Items				
New Administrative Staff Position		100	100	200
<b>Total Governor's Recommendations</b>	<b>4,206</b>	<b>4,308</b>	<b>4,310</b>	<b>8,618</b>
<b>Dedicated</b>				
<b>Fund: 2000 - Restrict Misc Special Revenue</b>				
Planned Spending	44	25	25	50
Forecast Base	44	25	25	50
<b>Total Governor's Recommendations</b>	<b>44</b>	<b>25</b>	<b>25</b>	<b>50</b>
<b>Fund: 2001 - Other Misc Special Revenue</b>				
Planned Spending	53	53	53	106
Forecast Base	53	53	53	106
<b>Total Governor's Recommendations</b>	<b>53</b>	<b>53</b>	<b>53</b>	<b>106</b>
<b>Revenue Change Summary</b>				
<b>Dedicated</b>				
<b>Fund: 1201 - Health Related Boards</b>				
Forecast Revenues	1	1	1	2
<b>Total Governor's Recommendations</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>
<b>Fund: 2000 - Restrict Misc Special Revenue</b>				
Forecast Revenues	25	25	25	50
<b>Total Governor's Recommendations</b>	<b>25</b>	<b>25</b>	<b>25</b>	<b>50</b>
<b>Fund: 2001 - Other Misc Special Revenue</b>				
Forecast Revenues	53	53	53	106
<b>Total Governor's Recommendations</b>	<b>53</b>	<b>53</b>	<b>53</b>	<b>106</b>
<b>Non-Dedicated</b>				
<b>Fund: 1201 - Health Related Boards</b>				
Forecast Revenues	1,967	1,967	1,967	3,934

*(Dollars in Thousands)*

	FY25	FY26	FY27	Biennium 2026-27
Total Governor's Recommendations	1,967	1,967	1,967	3,934

# Minnesota Board of Dentistry

## FY 2026-27 Biennial Budget Change Item

### Change Item Title: New Administrative Staff Position

Fiscal Impact (\$000s)	FY 2026	FY 2027	FY 2028	FY 2029
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Other Funds				
Expenditures	100	100	100	100
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	100	100	100	100
<b>FTEs</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>

### Recommendation:

The Governor recommends additional funding of \$100,000 in FY 2026 and \$100,000 in each subsequent year from the state government special revenue fund to support compensation for a new administrative assistant position at the Minnesota Board of Dentistry.

### Rationale/Background:

The Board has seen an increase in the number of complex complaints it receives, which is stretching its current administrative capacity. This is affecting the Board's ability to process complaints from the public and conduct investigations in a timely manner. By hiring an additional staff member, the Board will be able to keep up with its increasing workload and maintain greater efficiency in its compliance enforcement process.

This recommendation provides additional resources to increase the Board's administrative capacity to better manage its caseload.

### Proposal:

The recommended funding would cover the total compensation for 1 additional staff member and would constitute an approximately 10% increase in its current payroll projections. The Board is entirely funded by its own fees, and current revenues would cover the increased the appropriation.

### Dollars in Thousands

Net Impact by Fund	FY 26	FY 27	FY 25-27	FY 28	FY 29	FY 28-29
Special General Revenue Fund	100	100	200	100	100	200
<b>Total All Funds</b>	<b>100</b>	<b>100</b>	<b>200</b>	<b>100</b>	<b>100</b>	<b>200</b>

Fund	Component Description	FY 26	FY 27	FY 25-27	FY 28	FY 29	FY 28-29
SGSR	Compensation	100	100	200	100	100	200

### Impact on Children and Families:

This additional funding will help the Board conduct oversight more efficiently. This will help to ensure that children and families have access to safe and competent dental care.

### Equity and Inclusion:

This funding would not have a direct impact equity and inclusion. Additional administrative capacity will allow the Board to provide services more efficiently to all Minnesotans.

**Tribal Consultation:**

Does this proposal have a substantial direct effect on one or more of the Minnesota Tribal governments?

- ☐ Yes  
☒ No

**Results:**Part A: Performance Measures

1. The overall goal is to reduce time from complaint intake to inquiry to licensee and to support incoming materials and complaint organization by measuring time from complaint intake, materials gathering, and time to committee review.
2. Qualitative and quantitative results measures will be obtained by database queries built to show metrics with the new administrative support staff within 12 months of hire.

Measure	Measure type	Measure data source	Most recent data	Projected change
Complaint timeline from intake to committee review	Quantity	Database query reports built to reflect timelines and status of complaints as they go through the process	300+ complaints this year	Decrease complaint intake to review time by 50%
Completeness and accuracy of complaint at committee review (measuring need for follow up, any missing components)	Quality	Review of records and monitoring of case review to ensure accuracy and completeness for 1 <sup>st</sup> review.	N/A	Reduced timeline by ensuring accuracy upon intake and requiring certain items to be required
Number of complainants that follow up during the complaint process	Results	Surveying complainants, tracking status changes, adding complainant follow up or additional re-open or review per statute 214	N/A	Reduced number of complainants that follow up or follow up after complaint closure

Part B: Use of Evidence

1. Have you previously conducted a formal quantitative or qualitative program evaluation that informed the contents of this proposal?  
We have not done a formal program evaluation and we do not currently have this administrative role available. We do evaluate complaint data and status tracking. The current reporting needs to be improved in our database report process.
2. Are you planning to conduct a formal qualitative or quantitative program evaluation related to this proposal? Indicate what kind(s) of evaluation you will be conducting. Select all that apply.
 

☐ No formal evaluation planned at this time  
☐ Not yet determined  
☐ Needs Assessment  
☒ Process or Implementation Evaluation  
☐ Summative Impact Evaluation (Randomized Control Trial (RCT) or Quasi-Experimental Design)  
☐ Summative Evaluation other than an Impact Evaluation  
☐ Other (please describe or link):

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26 FY27		Governor's Recommendation FY26 FY27	
<b><u>Expenditures by Fund</u></b>								
1201 - Health Related Boards	1,241	1,422	1,461	1,775	1,661	1,663	1,761	1,763
2000 - Restrict Misc Special Revenue	27	33	28	44	25	25	25	25
<b>Total</b>	<b>1,268</b>	<b>1,455</b>	<b>1,488</b>	<b>1,819</b>	<b>1,686</b>	<b>1,688</b>	<b>1,786</b>	<b>1,788</b>
Biennial Change				584		67		267
Biennial % Change				21		2		8
Governor's Change from Base								200
Governor's % Change from Base								6
<b><u>Expenditures by Category</u></b>								
Compensation	922	998	1,029	1,044	1,039	1,065	1,139	1,165
Operating Expenses	344	457	460	760	632	608	632	608
Capital Outlay-Real Property				15	15	15	15	15
Other Financial Transaction	2	0						
<b>Total</b>	<b>1,268</b>	<b>1,455</b>	<b>1,488</b>	<b>1,819</b>	<b>1,686</b>	<b>1,688</b>	<b>1,786</b>	<b>1,788</b>
<b><u>Full-Time Equivalents</u></b>								
	<b>10.48</b>	<b>10.43</b>	<b>9.97</b>	<b>10.03</b>	<b>9.80</b>	<b>9.80</b>	<b>10.80</b>	<b>10.80</b>

# Dentistry Board

# Activity Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY22	FY23	FY24	FY25	FY26	FY27	FY26	FY27
<b>1201 - Health Related Boards</b>								
Balance Forward In		318		116				
Direct Appropriation	1,490	1,493	1,577	1,659	1,661	1,663	1,761	1,763
Transfers Out		75						
Cancellations		314						
Balance Forward Out	249		116					
<b>Expenditures</b>	<b>1,241</b>	<b>1,422</b>	<b>1,461</b>	<b>1,775</b>	<b>1,661</b>	<b>1,663</b>	<b>1,761</b>	<b>1,763</b>
Biennial Change in Expenditures				573		88		288
Biennial % Change in Expenditures				22		3		9
Governor's Change from Base								200
Governor's % Change from Base								6
Full-Time Equivalents	10.48	10.43	9.97	10.03	9.80	9.80	10.80	10.80

## 2000 - Restrict Misc Special Revenue

Balance Forward In	10	10	12	19				
Receipts	26	32	35	25	25	25	25	25
Balance Forward Out	9	9	19					
<b>Expenditures</b>	<b>27</b>	<b>33</b>	<b>28</b>	<b>44</b>	<b>25</b>	<b>25</b>	<b>25</b>	<b>25</b>
Biennial Change in Expenditures				11		(22)		(22)
Biennial % Change in Expenditures				19		(30)		(30)
Governor's Change from Base								0
Governor's % Change from Base								0

**Program: Board of Dentistry****Activity: Administrative Services Unit (ASU)**<https://mn.gov/boards/asu/>**AT A GLANCE**

- Serves 19 health and non-health related licensing boards, their employees, and appointed board members
- Registered 16 Volunteer Health Care Provider Program facilities
- Registered 123 Volunteer Health Care Provider Program volunteers
- Processed 21,226 criminal background checks

**PURPOSE AND CONTEXT**

The Administrative Services Unit (ASU) provides centralized planning and coordination of operational activities to 16 health-related licensing boards and 3 non-health licensing boards – the Board of Barber Examiners, Board of Cosmetologist Examiners, and the Emergency Medical Services Regulatory Board. The services provided include administrative services and facilities management, Continuity of Operations Plan (COOP) planning and coordination, fiscal and legislative assistance, and liaison between the boards and various state agencies and departments. The purpose of the ASU is to:

- Provide technical assistance on state policies and procedures to ensure sound fiscal practices.
- Assist in the establishment of a consortium of boards to cooperate on matters of common interest.
- Register individuals and organizations for the Volunteer Health Care Provider Program (VHCPP).
- Process criminal background checks on new applicants for the health-related licensing boards through the Criminal Background Checks Program (CBCP).

**SERVICES PROVIDED**

In 1995 the Health Licensing Boards (HLB) voluntarily and informally created the ASU to increase efficiencies among the Boards in performing their duties. The ASU was formalized in statute in 2011 (Minnesota Statutes Chapter 214.107).

The ASU initially performed common administrative, financial, and management functions, such as payroll, accounts payable, accounts receivable, purchasing, contracting, budgeting, and human resources. In 2019, many of those functions transitioned through interagency agreement to the Department of Administration, Small Agency Resource Team (SmART). ASU continues to manage deposits and cash receipt corrections, maintain fixed assets, administer shared projects, coordinate facility management, lead the Continuity of Operations Planning, and provide legislative support.

Additionally, ASU manages the Voluntary Health Care Provider Program, which provides malpractice coverage for physicians, physician assistants, dentists, dental hygienists, dental therapists, advanced dental therapists, and nurses serving in a voluntary capacity at a charitable organization. The ASU provides fiscal oversight to the Criminal Background Check Program, which was created in FY 2015 to process criminal background checks for all new health-related licensing board applicants. Operational oversight of the program is currently managed by the Board of Occupational Therapy.

The ASU is funded by all the independent boards and now consists of 3 full-time staff members who perform shared business services and legislative support for all the boards. The CBC Program consists of 5 full-time staff members. ASU's annual budget is determined by the Executive Directors' Forum. As of Fiscal Year 2022, the ASU oversight board is the Minnesota Board of Dentistry. ASU is managed by the Management Committee of the Executive Directors' Forum, whose membership includes the Executive Director of the Minnesota Board of Dentistry.

## RESULTS

Measure name	Measure type	Measure data source	Historical trend	Most recent data
Registered VHCPP Facilities	quantity	Data is documented in an Excel spreadsheet as registration applications are received and processed. Data reported is the number of registered facilities for Program Year ending April 30, 2024.	The number of registered facilities has remained stable since 2019, although actual registrants have changed as facilities drop out and new ones opt in.	16
Registered VHCPP Volunteers	quantity	Data is documented in an Excel spreadsheet as registration applications are received and processed. Data reported is the number of registered volunteers for Program Year ending April 30, 2024.	The number of volunteers has been in the 120-130 range since 2019 except for a slight drop (100-110) in program years 2020-2021 and 2021-2022 at the height of the COVID-19 pandemic.	123
Criminal Background Checks	quantity	Data is maintained in a Program database. Data reported is the number of background checks billed to the Boards for new applicants for licensure.	The number of background checks conducted each year has varied due to the addition of new types of licensees, deferred fingerprinting during the COVID-19 pandemic, and the influx of out-of-state nurses during the 2022 nursing strike.	21,226

The authorizing Minnesota statute for Administrative Services Unit is found at:  
<https://www.revisor.mn.gov/statutes/?id=214.107&view=chapter#stat.214.107>

The authorizing Minnesota statute for Volunteer Health Care Provider Program is found at:  
<https://www.revisor.mn.gov/statutes/?id=214.40&view=chapter#stat.214.40>

The authorizing Minnesota statute for Criminal Background Checks Program is found at:  
<https://www.revisor.mn.gov/statutes/?id=214.075&view=chapter#stat.214.075>

# Administrative Services Unit

# Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26 FY27		Governor's Recommendation FY26 FY27	
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## Expenditures by Fund

1201 - Health Related Boards	1,511	1,549	1,703	4,817	2,547	2,547	2,547	2,547
2001 - Other Misc Special Revenue	21	35	45	53	53	53	53	53
<b>Total</b>	<b>1,532</b>	<b>1,585</b>	<b>1,748</b>	<b>4,870</b>	<b>2,600</b>	<b>2,600</b>	<b>2,600</b>	<b>2,600</b>
Biennial Change				3,502		(1,418)		(1,418)
Biennial % Change				112		(21)		(21)
Governor's Change from Base								0
Governor's % Change from Base								0

## Expenditures by Category

Compensation	583	551	614	1,263	1,004	1,024	1,004	1,024
Operating Expenses	945	1,033	1,135	3,602	1,591	1,571	1,591	1,571
Other Financial Transaction	4	0	(1)	5	5	5	5	5
<b>Total</b>	<b>1,532</b>	<b>1,585</b>	<b>1,748</b>	<b>4,870</b>	<b>2,600</b>	<b>2,600</b>	<b>2,600</b>	<b>2,600</b>

## Full-Time Equivalents

<b>6.12</b>	<b>6.76</b>	<b>6.93</b>	<b>8.17</b>	<b>8.00</b>	<b>8.00</b>	<b>8.00</b>	<b>8.00</b>
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# Administrative Services Unit

# Activity Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY22	FY23	FY24	FY25	FY26	FY27	FY26	FY27
1201 - Health Related Boards								
Balance Forward In		2,640	1,465	2,273	4	5	4	5
Direct Appropriation	2,738	2,263	2,523	2,547	2,547	2,547	2,547	2,547
Receipts	1	1	2	1	1	1	1	1
Transfers In	1,464							
Transfers Out	122	54	13					
Cancellations		1,836						
Balance Forward Out	2,570	1,466	2,273	4	5	6	5	6
Expenditures	1,511	1,549	1,703	4,817	2,547	2,547	2,547	2,547
Biennial Change in Expenditures				3,460		(1,426)		(1,426)
Biennial % Change in Expenditures				113		(22)		(22)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	6.12	6.70	6.93	8.17	8.00	8.00	8.00	8.00

## 2001 - Other Misc Special Revenue

Balance Forward In		0	0					
Receipts	21	35	45	53	53	53	53	53
Balance Forward Out	0	0	0					
<b>Expenditures</b>	<b>21</b>	<b>35</b>	<b>45</b>	<b>53</b>	<b>53</b>	<b>53</b>	<b>53</b>	<b>53</b>
Biennial Change in Expenditures				42		8		8
Biennial % Change in Expenditures				74		8		8
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents		0.06						