

## Table of Contents

### Board of Podiatric Medicine

<i>Agency Profile</i> .....	1
Agency Expenditure Overview .....	4
Agency Financing by Fund .....	5
Agency Change Summary .....	6
<b><u>Change Item(s)</u></b> .....	7
<i>Raise Fees and Move from Rules to Statute</i> .....	7

<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

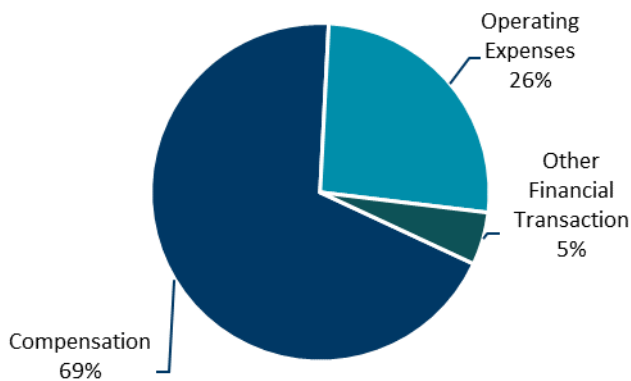
The Minnesota Board of Podiatric Medicine was established in 1917. The Board's mission is to protect the public by extending the privilege to practice to qualified doctors of podiatric medicine (DPM), orthotists, prosthetists, prosthetist orthotists, pedorthists, fitters, and assistants, and investigating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

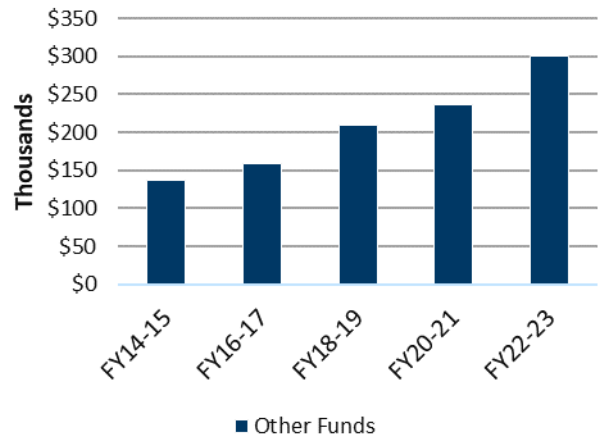
## BUDGET

**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		Governor's Recommendation	
					FY26	FY27	FY26	FY27

**Expenditures by Fund**

1201 - Health Related Boards	118	179	174	336	257	257	257	257
2000 - Restrict Misc Special Revenue	2	2	2	2	2	2	2	2
<b>Total</b>	<b>120</b>	<b>181</b>	<b>176</b>	<b>338</b>	<b>259</b>	<b>259</b>	<b>259</b>	<b>259</b>
Biennial Change				213		4		4
Biennial % Change				71		1		1
Governor's Change from Base								0
Governor's % Change from Base								0

**Expenditures by Program**

Podiatry Board	120	181	176	338	259	259	259	259
<b>Total</b>	<b>120</b>	<b>181</b>	<b>176</b>	<b>338</b>	<b>259</b>	<b>259</b>	<b>259</b>	<b>259</b>

**Expenditures by Category**

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

**Full-Time Equivalents**

<b>0.59</b>	<b>1.01</b>	<b>1.00</b>	<b>1.00</b>	<b>1.00</b>	<b>1.00</b>	<b>1.00</b>	<b>1.00</b>
-------------	-------------	-------------	-------------	-------------	-------------	-------------	-------------

(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		103		79				
Direct Appropriation	214	214	253	257	257	257	257	257
Transfers Out		30						
Cancellations		108						
Balance Forward Out	96		79					
<b>Expenditures</b>	<b>118</b>	<b>179</b>	<b>174</b>	<b>336</b>	<b>257</b>	<b>257</b>	<b>257</b>	<b>257</b>
Biennial Change in Expenditures				212		4		4
Biennial % Change in Expenditures				71		1		1
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	0.59	1.01	1.00	1.00	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	2	2
Balance Forward Out	1	1	0					
<b>Expenditures</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>
Biennial Change in Expenditures				1		0		0
Biennial % Change in Expenditures				20		(1)		(1)
Governor's Change from Base								0
Governor's % Change from Base								0

(Dollars in Thousands)

	FY25	FY26	FY27	Biennium 2026-27
<b>Direct</b>				
<b>Fund: 1201 - Health Related Boards</b>				
FY2025 Appropriations	257	257	257	514
Forecast Base	257	257	257	514
<b>Total Governor's Recommendations</b>	<b>257</b>	<b>257</b>	<b>257</b>	<b>514</b>
<b>Dedicated</b>				
<b>Fund: 2000 - Restrict Misc Special Revenue</b>				
Planned Spending	2	2	2	4
Forecast Base	2	2	2	4
<b>Total Governor's Recommendations</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>4</b>
<b>Revenue Change Summary</b>				
<b>Dedicated</b>				
<b>Fund: 2000 - Restrict Misc Special Revenue</b>				
Forecast Revenues	2	2	2	4
<b>Total Governor's Recommendations</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>4</b>
<b>Non-Dedicated</b>				
<b>Fund: 1201 - Health Related Boards</b>				
Forecast Revenues	139	293	139	432
<b>Change Items</b>				
Raise Fees and Move from Rules to Statute		44	44	88
<b>Total Governor's Recommendations</b>	<b>139</b>	<b>337</b>	<b>183</b>	<b>520</b>

## Board of Podiatric Medicine

### FY 2026-27 Biennial Budget Change Item

#### Change Item Title: Raise Fees and Move from Rules to Statute

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	0	0	0	0
Revenues	44	44	44	44
Net Fiscal Impact = (Expenditures – Revenues)	(44)	(44)	(44)	(44)
<b>FTEs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

#### Recommendation:

The Governor recommends raising some of the fees for applications, license renewals, and other services collected by the Minnesota Board of Podiatric Medicine. This would increase revenues in the state government special revenue fund by an estimated \$44,000 in FY 2026 and \$44,000 in each subsequent year. Several of the Board's fees are currently written in Minnesota Rules and need to be moved to Statutes.

#### Rationale/Background:

The mission of the Minnesota Board of Podiatric Medicine is to ensure residents of Minnesota quality podiatric medicine, orthotic, prosthetic, and pedorthic services by establishing and enforcing professional standards. Seven volunteer Board Members, including two public members, provide oversight to make certain the Board meets the needs of citizens and promotes a diverse and qualified workforce. The BPM is responsible for regulating 100% of the Minnesota podiatric medicine, orthotic, prosthetic, and pedorthic workforce.

The Board is entirely fee supported and receives no General Fund dollars. Fees must be collected to cover direct and indirect expenditures, deposited as non-dedicated revenue into the State Government Special Revenue Fund (SGSR). The Board is granted authority to use these fees by the Minnesota Legislature to pay for all expenses incurred by the Board.

The current appropriation for the Board of Podiatric Medicine is adequate to meet the operational needs of the agency. The Board, however, has not raised its fees since 1999. Accordingly, the Board is currently unable to generate revenue sufficient to cover its appropriation. The current appropriation is approximately \$257,000 per year, normalized over a biennium. The current revenue for the Board is approximately \$216,000 per year, normalized over a biennium. There is a structural deficit of about \$41,000 per year, and the Board is slowly drawing down its operating reserve fund. Under current budgetary conditions, the operating reserve fund will be exhausted in four years.

The Board seeks to raise its fees to be closer in line with those of the most similar health professionals, MDs. For example, the current renewal fee for an MD with the Board of Medical Practice is \$425 annually, or \$850 over a two-year period. The fee for a DPM practitioner with the Board of Podiatric Medicine is currently \$600 over a two-year period.



**Proposal:**

The Board's fees are still located in Administrative Rules and were last changed in 1999. In 2000, a new law became effective requiring that any new or increased fees for an executive agency must be enacted through legislation, not Administrative Rule changes. Accordingly, in addition to increasing fees, the Governor recommends moving the language regarding fees from Administrative Rules into the Board's Practice Act, Chapter 153. This will also require a minor amendment to Chapter 153B to make fees for primary source verifications and other miscellaneous items consistent with the new fee schedule in Chapter 153. This request is solely intended to maintain the Board's current level of service.

**Fee Change Description:** The fee schedule below identifies the eleven (11) fees currently collect by the Board written in Rules and includes: (1) Type of Fee; (2) Current Fee Amount; (3) Requested new fee amount; (4) Quantity/Number of those paying fee in 2023; and (5) Projected additional revenue from fee increase.

<b>FEE SCHEDULE</b>				
<b>Type of Fee</b>	<b>Current Fee</b>	<b>Proposed New Fee</b>	<b>FY2023 – Number Paying Fee</b>	<b>Projected Additional Revenue (Based on FY2023 Data)</b>
DPM Application	\$600	\$750	27	\$4,050
DPM renewal	\$600	\$750	113	\$16,950
Late renewal fee	\$100	\$250	2	\$300
Residency Temporary Permit	\$250	\$250	33	\$0
Duplicate license or duplicate renewal certificate	\$10	\$25	3	\$45
Reinstatement	\$650	\$1,000	0	\$0
Exam administration to persons who have not applied for a license or permit	\$50	\$50	0	\$0
Fee for verification of licensure	\$30	\$50	1,064	\$21,280
Labels	\$25	\$50	0	\$0
List of licensees	\$25	\$50	64	\$1,600
Copies	\$0.25 per page	\$0.50 per page	0	\$0
<b>TOTAL FEES</b>				<b>\$44,225</b>

**Dollars in Thousands**

<b>Net Impact by Fund</b>	<b>FY 26</b>	<b>FY 27</b>	<b>FY 26-27</b>	<b>FY 28</b>	<b>FY 29</b>	<b>FY 28-29</b>
State Government Special Revenue	(44)	(44)	(88)	(44)	(44)	(88)
<b>Total All Funds</b>	<b>(44)</b>	<b>(44)</b>	<b>(88)</b>	<b>(44)</b>	<b>(44)</b>	<b>(88)</b>

**Impact on Children and Families:**

This proposal has no uniquely identifiable impact on Minnesota children and families, other than the public health, safety, and welfare benefits from maintaining the current service level of the Board of Podiatric Medicine.

**Equity and Inclusion:**

This proposal has no uniquely identifiable impact on equity and inclusion, other than the public health, safety, and welfare benefits from maintaining the current service level of the Board of Podiatric Medicine.

**Tribal Consultation:**

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

☐ Yes  
☒ No

**Results:**

The requested fee increases will not result in changes to operations or service level but, rather, will make it possible to maintain current operations and service level.

With the increase in fees, the Board can continue to achieve the following results:

- Maintain core public safety responsibilities, including timely and efficient licensure of podiatric medicine, orthotic, prosthetic, and pedorthic professionals to serve Minnesotans.
- Manage complex and numerous complaint investigations and licensing-related issues to avoid adverse effects on citizens, professionals, and the workforce.
- Maintain necessary staffing to conduct its business in a timely manner.
- Afford necessary and increased technology costs.
- Continue to efficiently conduct the Board's business to ensure fulfillment of its public protection mission.

**Data from last biennium:**

Measure name	Measure type	Measure data source	Historical trend	Most recent data
Number of DPM licensees	Quantity	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	Quantity	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	Manually 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%

**Statutory Change(s):**

The proposed fee changes will require an amendment to Chapter 153, and a minor amendment to Chapter 153B.