



Minnesota Board of Optometry

Report to the Legislature in Compliance with Minnesota Statutes Section 3D.06 (Sunset Review)

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Pursuant to Minnesota Statute 3.197, the estimated cost of preparing this report is \$1700.00.

INTRODUCTION

As Executive Director, on behalf of the Board Chair and board members of the Minnesota Board of Optometry, (MBO), I am submitting this report to the Legislature in compliance with Minnesota Statutes §3D.06. That section requires the chief administrative officer of a state agency that is subject to sunset review to report to the Sunset Commission:

- (1) information regarding the application to the agency of the criteria in section 3D.10;
- (2) a priority-based budget for the agency;
- (3) an inventory of all boards, commissions, committees, and other entities related to the agency; and
- (4) any other information that the agency commissioner considers appropriate or that is requested by the commission.

Minnesota Board of Optometry At a Glance

Credentialing Services

- 1000 renewed licenses
- 75 new licenses
- 1074 current licenses; 12/31/11

Education Services

- 1000 reviews of reported continuing education
- 100 audits of reported continuing education
- 75 continuing education program approvals

Discipline Services

- Reviewed 20 complaints submitted
- Prepared 20 complaint files for committee
- Monitored 4 optometrists under disciplinary order
- Assured monitoring of optometrists in the Health Professional Services Program

Section I. Key Functions, Powers, Duties, Mission

The mission, goals, and objectives intended for the Board and of the problem or need that the Board was intended to address and the extent to which the mission, goals, and objectives have been achieved and the problem or need has been addressed.

Mission

The board's mission is to protect the public through effective licensure and enforcement of the statutes and rules governing the practice of optometry to reasonably ensure a standard of competent and ethical practice.

The Board of Optometry regulates the profession by:

- Setting educational standards for initial licensure.
- Reviewing applicant's education and training to determine compliance with the board's licensure requirements.
- Reasonably ensuring that only applicants who meet licensure requirements are granted a license.
- Issuing initial licensure for qualified professionals.

- Setting continuing education requirements for maintenance of licensure.
- Renewing licenses of qualified professionals.
- Setting standards of practice and professional conduct for licensees.
- Taking disciplinary or corrective action against an applicant or licensee for misconduct.
- Responding to public and agency inquiries, complaints, and reports regarding licensure and conduct of applicants and licensees.
- Provide information about licensure requirements and standards of practice to citizens and other interested persons or agencies.

Historical Relevance:

In 1901, the Minnesota Board of Optometry was the *first* Optometric Board established in the United States. The original charge was focused on public safety and entry level optometric education and apprenticeship requirements. The original intent is strikingly similar to the current Minnesota Statutes, Chapter 148. Regulation is accomplished through initial licensure education and examination, annual renewal, required continuing education, as well as investigation and resolution of complaints against licensees. The Board of Optometry is responsible for protection of the public through the regulation of optometrists in the State of Minnesota.

The Board’s strategies and values include:

The Board protects the safety and welfare of the citizens of Minnesota through the administration and implementation of the Minnesota Optometry Act, Chapter 148. The Optometry Act, not only provides for the regulation of the optometric profession, but lists the powers of the board, and current governance and requires:

- examination and licensure of optometrists,
- renewal of licenses on an annual basis,
- endorsement of license for ease of interstate transfers
- approval of continuing education courses and recording continuing education hours,
- investigation and enforcement of compliance with the Act,
- responding to questions, concerns and complaints of the general public, and
- operating the administrative functions of the agency to facilitate the listed activities.

Functions:

The functions listed above are needed to protect the public health and provide the quality of health care that the citizens of Minnesota deserve. The importance of proper vision correction cannot be underestimated (169 million Americans wore eyeglasses or contact lenses in 2001)¹. Academics, driving, reading, sports, most professions, and in fact, almost all aspects of everyday life are dependent on good eyesight. Optometrists perform a majority of the eye examinations in the United States, and a substantial number of patients selecting a new eye doctor choose an optometrist as their eye care provider.² Therapeutic optometrists are trained and licensed to treat diseases and conditions of the eye that require treatment in addition to corrective lenses and prisms, and may administer and prescribe certain topical prescription drugs. A thorough eye examination not only uncovers diseases and visual abnormalities of the eye, but may detect other medical conditions such as diabetes and hypertension.

Minnesota requires all Optometrists to be therapeutically certified in order to safely use legend drugs by August 1, 2012.

Federal law requires that both eyeglasses and contact lenses be prescribed only by licensed optometrists or physicians. Federal law also requires a licensed doctor's prescription for the topical prescriptions used and prescribed by therapeutic optometrists, and the oral and glaucoma medications that may be administered and prescribed by optometric glaucoma specialists.

Licensing and examination:

Only a person with specialized training, both in didactic knowledge of the science and expertise in the clinical procedures, is competent to perform a medically valid examination of the eye. To insure that applicants are competent to perform the eye examination, the board requires its applicants to sit for examinations – both clinical and written. National tests, used by all states and jurisdictions, measure each applicant's education competency and require a demonstration of the procedures necessary to conduct an eye examination and properly treat abnormal conditions and disease. A new state of the art testing center opened in 2011 in Charlotte, North Carolina for national consistency in administering examinations. The MBO also requires information on each applicant, including completion of the required education and criminal history, to insure that the public's safety will be protected when seeking treatment from the licensee. License renewal requires each licensee to supply information regarding criminal convictions received during the year. To insure that those initially licensed by the agency maintain the expertise and training that were originally certified by the licensing examination, the board requires all licensees to annually obtain 20 hours of continuing education. The continuing education also prompts licensees to gain proficiency in new treatments developed since graduation to promote continued competency in the core areas provided academically and through the examination.

Enforcement:

The agency protects the public health by investigating complaints of incompetent treatment, by investigating complaints and disseminating information to insure that licensees follow laws that make eye health care affordable and available to all citizens, by onsite inspections when necessary, including review of the patient records, to determine whether licensees provide competent eye examinations, and by investigating criminal history information on applications to insure that licensees may be trusted by the public to maintain their personal safety, health and financial security.

¹ Jobson Publishing LLC, Article on All About Vision Website:
allaboutvision.com/resources/statistics.htm

² 2003 Survey by the American Optometric Association reported in American Optometric Association News, vol 41, No. 24, June 16, 2003

Board Members:

Current board members are appointed by the Governor per Minnesota Statute §148.52

Jeanette Taylor Jones

Medina, MN 55340

Public Member

07/2003 - 01/2007

04/2007 - 01/2011

07/2011 - 01/2015

Patricia Glasrud

Shoreview, MN 55126

Public Member

07/2011-01/2013

Timothy Neitzke, O.D., President

Frazee, MN 56544

Professional Member

07/2004 – 01/2008

03/2008 – 01/2012

John Muellerleile, O.D.

Owatonna, MN

Professional Member

07/2011-01/2015

Patrick William O’Neill, O.D.

Northfield, MN 55057

Professional Member

11/2010-01/2011

07/2011-01/2015

Roger Pabst, O.D., Vice President

Redwood Falls, MN 56283

Professional Member

05/2005 - 01/2009

03/2009-01/2013

Michelle Shih-Ming Falk, O.D.

Woodbury, MN 55129

Secretary

Professional Member

11/2010 – 01/2014

Board Committee Structure:

The board utilizes various committees to accomplish their goals. They include:

1. Continuing Education – Licensure Committee

Roger Pabst, O.D.

John Muellerleile, O.D.

- a. Sets standards, policies and reviews continuing education requirements and programs
- b. Reviews requests from academic partners
- c. Reviews requests from applicants for licensure

2. Complaint Resolution Committee

Timothy Neitzke, O.D.

Roger Pabst, O.D.

- a. Reviews complaints concerning the practice of licensees for violations of Board statute and rules

- b. Conducts educational and disciplinary conferences with licensees
- c. Recommends disciplinary action for licensees to the full Board

3. Legislative-Rules Committee

Patrick O’Neil, O.D.
Timothy Neitzke, O.D.
Patricia Glasrud, Public Member

- a. Maintain current, effective rules to administer the statutes
- b. Review rules and engage in rule writing when necessary
- c. Serve as legislative liaison.

4. HPSP Representative

Michelle Falk, O.D.

5. Council of Health Boards Representative

Jeanette Taylor Jones , Public Member

Board Reimbursement:

Board members are very efficient in conducting their meetings under one per diem. By conducting up to three committee and board meetings in one day, they are volunteering for an entire day away from their patients for \$55.00 (\$6.88 per hour), the current per diem. This is done without complaint, a true commitment to their profession and public safety. Total annual per diem is under \$2000.00 reimbursed for countless hours of expertise. The board contributes countless unreimbursed public interactions outside of the routine meetings.

Board Strategic Plan and Annual Goal Setting:

The board provides agenda time for regular assessment of their current role, responsibilities and meeting current professional standards. The board has tentatively scheduled 2012 to begin their next Strategic Plan process delaying discussion until after this sunset review. Annual evaluation of the Executive Director and board member self-evaluation is conducted as to the process of the boards operation and the desire for self-improvement. The board is active at the national, Association of Regulatory Boards of Optometry, (ARBO) and each year participates in a national statistical review relative to Minnesota board operations and national trends. A current board member is Secretary/Treasurer for the national Association of Regulatory Optometric Boards.

Board Operations

In 2010, the Board benefited from the leadership of its former executive director, who recently resigned. With the retirement pending, the MBO seized the opportunity to review various business improvement models, with two other small boards regarding a workable organizational structure.

The intent was to determine if three autonomous boards could remain independent with subject matter experts leading each occupation while improving operational effectiveness under the overall direction of one Executive Director. The board is comprised of health care and business professionals astute in creating efficient, yet effective business practices.

As a result, the Board of Dietetics and Nutrition Practice, the Board of Examiners for Nursing Home Administrators, and the MBO entered into a two year interagency agreement on June 23, 2011. Under this agreement, board business practices will be analyzed from both a fiscal and service perspective. This assessment includes a Strengths, Weaknesses, Opportunities and Threats analysis (or SWOT) of the effect of implementing a delegated shared staffing model. The Executive Directors interviewed key stakeholders, attempted to strategize all implications of one model that would benefit not only the participating boards, but would also provide evidence of actual improved outcomes. This effort focuses on maintaining an autonomous citizen driven board structure, driven by the smaller direct citizen involvement and not bureaucracies.

The principles initially considered and driving the chosen model identified current strengths and values of the current model:

- Maintain the individual board autonomy with dedicated customer service specialists while promoting maximum opportunity for the occupation/public blend to direct, control and manage the direction of the board.
- Respect for each unique, independent, occupation, and stakeholders of the occupational associations.
- Provide occupation-specific subject matter experts.
- Capitalize on efficiencies related to sharing human resources and cross training of staff, as well as auditing and control measures as defined by Minnesota Management and Budget and the Office of the Legislative Auditor.
- Create efficiency by shared executive administrative functions, with targeted staff being subject matter experts, with the Executive Director serving as Administrative Lead for overall governance.
- Enable succession planning through cross training of skilled professionals, while encouraging growth and skill development.

All Minnesota Health Occupational Licensing boards appear to operate efficiently, if measured by fees charged to the individual licensee on a national level. The small boards share resources to minimize expenses and staff, such as the SBLM – Small Board Licensing Manager -software development program. Some external observers may believe that larger or greater consolidation would create even greater economies of scale. However, review of other states heavily-consolidated models discloses the efficacy of the boards' responses to stakeholder ownership and the quality of service is compromised when regulatory agencies become too large.

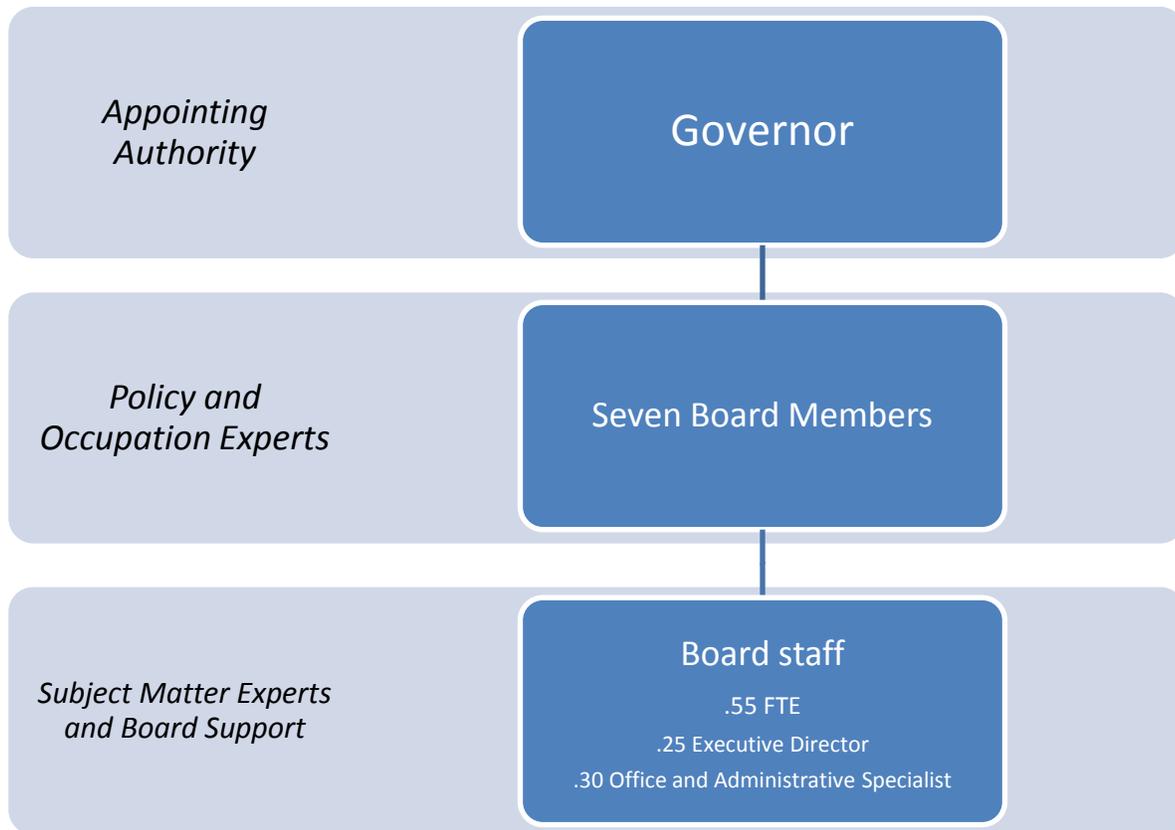
The large centralized model does not offer significant cost savings for any one individual board as all three boards are currently operationally efficient from the fees charged per national comparisons. At this early phase, it should also be made clear to policy makers that these three boards had greater similarities than differences to attempt this new model; combined with fewer

licensee complaints of two boards, and their focus on legislative and stakeholder time commitment. It cannot be interpreted too broadly to work for other boards or simply based on number of licensees at this time.

Board Staff:

Randy Snyder, Executive Director
 Anna Hartsel, Office and Administrative Specialist

The current staffing model is a .25 FTE Executive Director and a .30 FTE for an Office and Administrative Specialist. In the modern era or at least since 1990, there has not been any increase in staffing; only a 25% decrease in staffing hours occurring by the recent self-redirected work teams. The new staffing model is in month four of a 24 month assessment period to right size, fit and modification of the three board operation. Current board staff has consistently been rated at 9 (of 10) or higher for customer service and achieves the internal mandate of a customer inquiry response within 24 hours. Staff directly answers phones without mechanical triage as many times callers need immediate attention. The FTE per thousand licensees is 1:1664.



Fiscal Year	2007	2008	2009	2010	2011	2012
FTE	.8	.8	.8	.8	.8	.55

Small Board Collaborative:

The seven smaller HLB boards, includes the Board of Optometry, and achieve an additional collaborative strategy through cooperation, such as sharing staff through interagency agreements, providing independent neutral review of complaint cases, and developed the SBLM IT database and online services. The boards meet as needed to cooperate on streamlining back office business functions while maintaining front office subject matter experts to discuss licensing and credentialing pertinent to the occupation. Three of the boards employ an occupational licensee as their Executive Director which provides a strong occupational knowledge base and level of professional expertise to the boards.

Minnesota Health-Related Licensing Boards: Public Safety

The Minnesota Health-related Licensing Boards (HLBs) protect the public by:

- Enforcing standards of safe practice and ethical conduct;
- Investigating and resolving complaints against licensed health professionals;
- Providing public information to consumers of health care services;
- Assuring an ethical and competent healthcare workforce

Cooperative Activities:

- Health Professionals Services Program (HPSP)

Each health-related licensing board, including the emergency medical services regulatory board under chapter 144E, shall either conduct a health professionals services program under sections 214.31 to 214.37 or contract for a diversion program under section 214.28.

At present, all Health Licensing Boards, the Emergency Medical Services Regulatory Board, and additional professions regulated by the Department of Health, participate in HPSP.

- Voluntary Health Care Provider Program

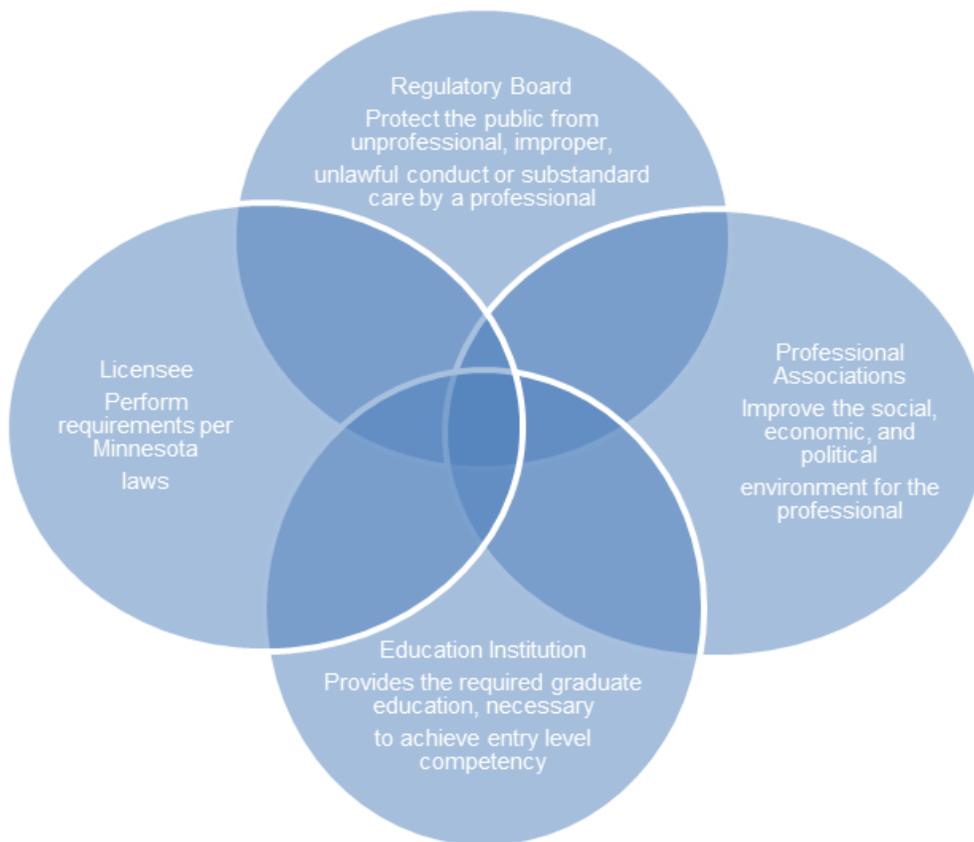
Effective July 1, 2002 Minnesota Statutes, section 214.40 required the Administrative Services Unit to create procedures to allow volunteer dentists, dental hygienists, physicians, physician assistants, and nurses to apply for medical professional liability insurance while volunteering at community charitable organizations.

Section II. Operations – Effectiveness and Collaboration

The efficiency and effectiveness of the Board

This board acts in a collaborative manner with the Health Related Licensing Boards.

Organizational Relationships



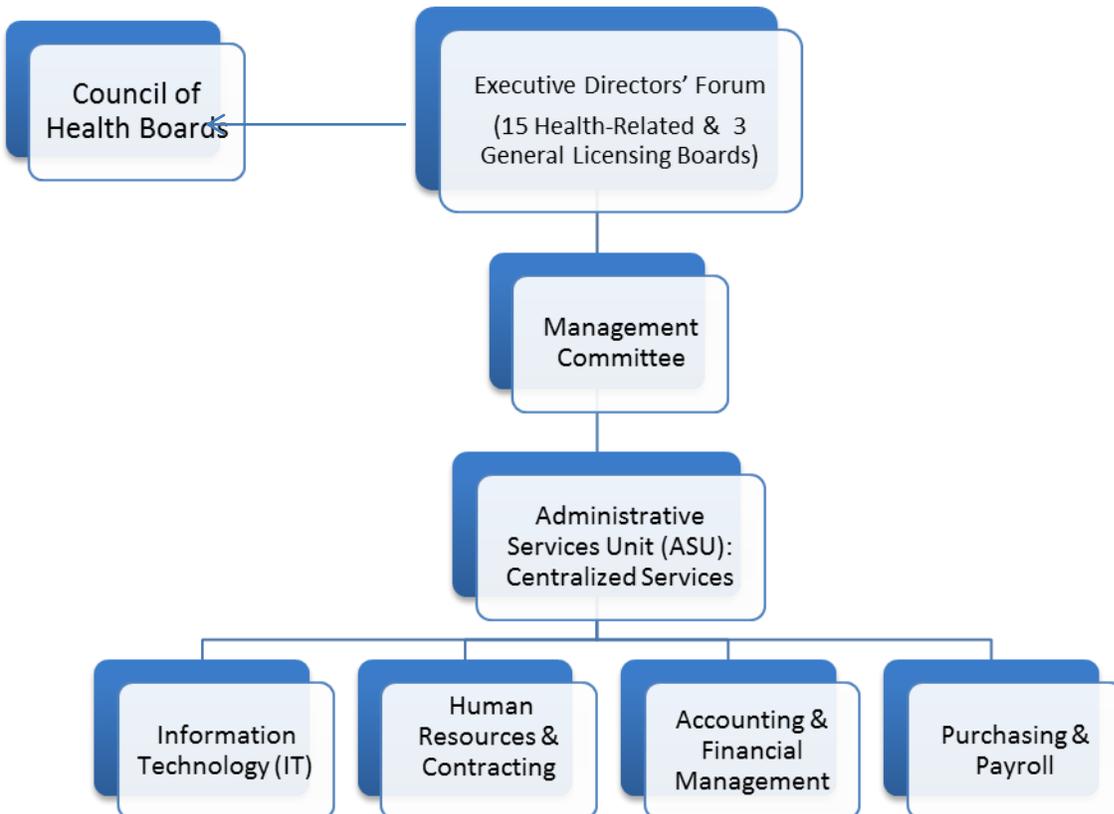
Each Board—comprised of governor appointed members—oversees the regulation of health-related professions in Minnesota. These Board members, who work in the Minnesota community outside of state government in addition to their role on these boards, put in extra hours to offer public and professional expertise to Minnesota state government.

In collaboration with each Board’s staff, these individuals representing the public are entrusted with the overall protection of public health and safety through licensing of health-related professionals, and through administration of complaints regarding health-related practitioners.

Minnesota Health-Related Licensing Boards: Nationally Recognized Model for Occupational Governance

Administrative Services Unit

Administrative Services Unit (ASU) (M.S. 214.07) is funded by all the independent boards and consists of 7.12 FTE staff members who perform shared administrative and business services for all the boards. ASU provides shared service to the Boards in the areas of finance, budgeting, accounting, purchasing, reporting, banking, human resources, professional and technical contracts, information technology, policy development and payroll. ASU also facilitates the Boards' cooperative policy and planning efforts, and coordinates the Voluntary Health Care Provider Program (which provides malpractice coverage for physicians, physician assistants, dentists, dental hygienists, and nurses serving in a voluntary capacity at a charitable organization). ASU's annual budget is determined by the Executive Directors Forum, and the oversight of ASU is assigned on a rotating basis to one of the health-related boards; the current ASU oversight Board is the Minnesota Board of Examiners for Nursing Home Administrators. ASU is managed through the Executive Directors Forum's Management Committee.



Minnesota Health-Related Licensing Boards: Information Technology

Information Technology Workgroup

Under the auspices of the Executive Director Forum, an Information Technology Work group has been in operation for several years, and this group is responsible for coordination of HLB technological projects and implementation of technological improvements. The Health Related Licensing Boards have developed cooperative IT capabilities. This collaborative structure will now become part of the states IT enterprise through the Office of Enterprise Technology.

Certified and Diversified IT Optometrists	Award Winning Security Model	Advanced Hardware Standards
<ul style="list-style-type: none"> • Collaborative financial resources to achieve a combination of developers, data base experts, and security credentialed staff members, including two Certified Information Systems Security Professionals (CISSP) IT Administrators. 	<ul style="list-style-type: none"> • HLBs received National Association of State Chief Information Officers (NASCIO) award for its Continuity of Operations Plan (COOP) • HLBs received national awards for work performed in IT security and emergency preparedness • Minnesota Board of Medical Practice received the Minnesota Government Recognition Award • Enforced strict passphrase policy across HLB since 2006 which exceeds industry standards 	<ul style="list-style-type: none"> • Advanced technology infrastructure that integrates storage area network (SAN) devices to centralized secure data storage • Segmented internal network traffic and utilization of an active industry-leading firewall • Advanced technology typically utilized in larger agencies including: server virtualization and clustering, automated computer patching/updating, and vulnerability scanning • VMware clusters enable HLBs to manage server hardware with no downtime

Minnesota Health-Related Licensing Boards: Online Services

Online Services

Since 2001, the MBO has supported electronic technology to meet the efficient licensing processes for Minnesota Licensees. MBO has electronic renewal of licenses and plans on implementing online applications when OET approves the IT project (DRLIMS) currently awaiting approval. The staff response benchmark to customer inquiries is within 24 hours. The board uses advanced technology to provide interactive usable websites for public access.

Applicants	Licensees	Public
<ul style="list-style-type: none"> • Applications for licensure • Submission of documents • Application review and an email push notification to the candidate within 24 hours • Examination site authorization • Acting Permit for practice • Examination retake authorizations • Application status updates 	<ul style="list-style-type: none"> • Downloadable forms and applications • Online applications and license renewal • Continued competency (CE) tracking • Address changes • Secure credit card transactions • License verifications for other jurisdictions • Notification of license renewal • E-newsletters • E-mail updates regarding practice standard updates 	<ul style="list-style-type: none"> • Public orders and compliance history • Board disciplinary and adverse action reports • License verification • Data requests • Automated licensure data with other state agencies

Number of Credentials Issued for all Boards:

- As of June 30, 2010, a total of 252,724 persons were licensed or registered by the Health-Related Licensing Boards.
- A total of 260,158 credentials were issued or renewed during the biennium ending June 30, 2010.

Current Issues related to MBO board operations and technology:

Initial Licensure: MBO created an efficient applicant review for students nearing graduation to receive a summary of their licensure requirements. Of the 21 nationally approved Colleges of Optometry education, there are no Optometric colleges in the state of Minnesota.

Online services: The board will use push technology to electronically distribute emails, newsletters and renewal reminders to reduce board postage expense. The board anticipates more electronic usage as the generational support for electronic communication grows even stronger.

Paperless meetings: The MBO has not made significant progress with regard to paperless meetings. The initial assessment has been delayed when viewing the cost to benefit analysis for the purchase of board member lap tops or other options for the physical equipment costs. The board staff and members promote technology that is cost effective.

Fees: The annual license fee was last increased in 1995 and remains at \$105.00. Fees have not been increased in fifteen years. The board adopted a formal resolution in 2008 regarding fees paid by licensees being used exclusively for board operations and not swept into the general fund. The result of

the retained surplus being transferred to the general fund will result in the board seeking a fee increase within the next biennium.

The board is supportive of legislation that addresses dedicated funds being used exclusively for board operations and not swept into the general fund. Board members believe in fiscal stewardship and prudence, common in the health care community as well as to protect license funds and carefully expend fee revenue as many board members are also licensees paying for the service. The board would gladly enter in annual fee adjustments or whatever new proposed models with fees dedicated to board expense and not redistributed to other state projects.

The Boards have successfully utilized online services to efficiently provide licensing and renewal services, as well as to provide many other advanced services through technological improvements.

Section III. Authority for Additional Activities Not Specified in Statute

Identification of any activities of the Board in addition to those granted by statute and of the authority for those activities and the extent to which those activities are needed;

The Minnesota Board of Optometry actively participates in other activities that, although not specifically defined in Statute or Rule, are deemed essential by direction of the board and the regulatory activity of the profession.

Board staff and members participate in multiple academic forums, speaker's bureaus, continuing education events that aim to inform and educate the public, students and licensed Optometrists. These educational opportunities serve both to inform the public of the roles and responsibilities of the Board but also students as future licensees are viewed as a foundational building block in setting a high bar for quality care for Minnesota citizens. Board staff and members serve on a number of advisory committees.

Board members participate in leadership positions of the Association of Regulatory Boards for Optometry, (ARBO). Currently, Roger Pabst, O.D. is Secretary and other board members have served in committee leadership roles and various membership positions. ARBO and their partner the National Board of Examiners for Optometrists (NBE) define the scope of practice, core competencies and examination for Optometrists. NBE is solely dedicated to the examination process. Board members have served as subject matter experts for the national exam preparation and national continuing education standards. The leadership of ARBO is supportive of the Minnesota Health Licensing Board model and identifies this board as a national model for a cooperative, efficient and effective sole profession collaborative state agency regulatory model.

Additional Voluntary Entities

Executive Directors Forum

The Executive Directors (ED) Forum consists of the Executive Directors of each independent board. The Forum meets at least once a month to discuss issues and concerns affecting all boards, and is governed by standard set of Bylaws. The Forum was created with a goal of

working together on matters of common concern, thus increasing the efficiency and effectiveness of each individual board. The Forum establishes committees to develop recommendations for consideration by the Forum. These committees include the Policy Committee and the Management Committee. The primary objective of public safety is achieved most effectively if primary staff is assigned to focus on a specific health profession. To assure fiscal efficiency, boards review general objectives and promote cooperation among the boards through the Executive Director Forum in an effort to eliminate duplication of similar effort. The Forum reviews general objectives, reviews policy, promotes intra-board cooperation, assures fiscal efficiency, and eliminates duplication of similar effort.

The Executive Directors of each independent board meet monthly to collaborate and to address issues of shared concern, including policy development, legislation and technological improvements. The Forum establishes committees to develop recommendations for consideration by the Forum. These committees include the Policy Committee and the Management Committee. To assure fiscal efficiency, boards review general objectives and promote cooperation among the boards through the Executive Director Forum in an effort to eliminate duplication.

Some of the tasks accomplished through the action of the Executive Directors Forum include:

- Virtualization of servers, resulting in substantial savings and greater storage capacity. On behalf of the Executive Directors Forum, a submission was made to the National Association of State Chief Information Officers (NASCIO) for Disaster Recovery Planning, regarding the Health Licensing Boards' project of virtualizing its servers arising from its development and application of its Continuation of Operations Plan (COOP).
- Further technological advances include addition of a Shared Storage Area Network, tripling storage capacity of the Boards, and advances toward using technology at Board meetings to reduce reliance on paper documents.
- Participation in cooperative efforts with the Department of Health and among the Boards to share information regarding licensee /registrant investigations in full compliance with Data Practices Act requirements, including ad hoc Just Culture /Health meetings regarding coordinating Department of Health investigations and Health Board investigations, and exchange of information under § 214.10, subd. 8 (c). This has included development with the Attorney General Office of a data sharing memo that permits joint investigations to be conducted among health licensing boards, and provides for sharing of investigative data.
- Reviewing requirements and limitations pertaining to criminal background checks of applicants, and received updates on proposed legislation from law enforcement entities.
- Standardization of online complaint form throughout health licensing boards. Review was undertaken, with cooperation and guidance from Attorney General's Office, of methods to provide standard information to complainants at the time of opening a complaint file, as well as standardization of appeal information in closing letters under the auspices of a temporary Chapter 214 Work Group.

- Response to surveys regarding IT capacity, security and functionality.
- Enactment and approval of the Boards' first AWAIR plan, in compliance with federal and state requirements.
- Policy committee regularly met to provide coordinated response for Boards regarding legislative initiatives.
- A joint workforce planning report was completed, to prepare for ensuring qualified, competent workforce.
- The ED Forum worked collaboratively in providing information to MN Responds! to ensure that credentials of licensed health professionals are quickly available in case of a major emergency, as well as arranging for regular transfer of data between Department of Health and health licensing databases.
- Electronic governmental services were increased and improved, and include expanded information available online and greater interactivity, as well as heavy use by licensees of online renewal services.

Individual board staff and Executive Directors participated in numerous organizations regarding health and safety, including:

- Minnesota Alliance for Patient Safety
- National Board of Medical Examiners Committee on Irregular Behavior and Score Validity for the United States Medical Licensing Examination.
- National Association of Boards (NAB) Executive Committee
- State Executive Forum and State Governance Committees of the National Association of Boards
- Future Workforce Analysis Cabinet in Washington, D.C.
- Association of Chiropractic Board Optometrists
- National Council of State Boards of Nursing Commitment to Ongoing Excellence (CORE) project
- Minnesota Center for Nursing
- Minnesota Alliance for Patient Safety
- Home Care Advisory Group
- Department of Human Services' Dental Access Advisory Committee
- Department of Human Services task force on licensing standards
- State Information Security Council
- HPSP Program Committee
- Drive to Excellence Licensing Steering Committee
- Drive To Excellence Procurement
- Drive to Excellence Sourcing Communication
- Drive To Excellence MAPS Project
- Continuation of Operations Planning (COOP)

Management Committee

The Management Committee makes recommendations to the Executive Directors Forum on issues relating to the internal management of the boards' cooperative activities. The responsibilities of the committee include the following:

- Management of the Administrative Services Unit budget and review of ASU performance
- Through the Administrative Services Unit, administers shared conference rooms and shared equipment, such as copiers
- Coordinating the boards' computer collaboration efforts
- Developing recommended policies and procedures for all boards, and reviewing best practices
- Oversight of the Administrative Services Unit

Policy Committee

The functions of the policy committee have been to make recommendations to the Executive Directors Forum on issues relating to public policy. The responsibilities of the committee have included the following:

- Reviewing legislative proposals
- Making recommendations on legislative initiatives affecting all the boards
- Undertaking efforts to make investigative data more readily available to share among health boards

Information Technology Workgroup

Under the auspices of the Executive Director Forum, an Information Technology Work group has been in operation for several years, and this group is responsible for coordination of HLB technological projects and implementation of technological improvements.

Section IV. Authority related to Fees, Inspections, Enforcement

An assessment of authority of the Board relating to fees, inspections, enforcement, and penalties;

Fee	Amount
Optometry: Licensure Application	\$75.00
Opt: Annual License Renewal	\$105.00
Opt: Late Penalty Fee	\$35.00
Opt: DPA Application	\$10.00
Opt: TPA Application	\$50.00
Duplicate/Replacement	\$10.00
CE Application	\$15.00
Emeritus Registration	\$10.00
Endorsement/Reciprocity Application	\$75.00
Miscellaneous	\$0.00
Corporations	\$0.00

Reinstatement Fee	\$0.00
Credit Card Handling Fee	\$0.00
OET Surcharge	\$10.50
Opt: Licensure Registration	\$12.00

Minnesota Board of Optometry
Receipts, Disbursements and Major Fees

Fees 2010 [list by license type / renewal term (e.g., annual, biannual)]		Disbursements FY 2010
Professional Corporations	\$2,700	\$104,044
Licensure Application	\$1,875	
Licensure Registration	\$300	
Annual License Renewal	\$106,050	
Late Penalty Fee	\$560	
Therapeutic Drug Certification	\$1,600	
Duplicate/Replacement	\$1,904	
CE Application	\$345	
Emeritus Registration	\$20	
Reciprocity Application		
Reinstatement Application	\$1,820	

Board Fees are unchanged from the levels established in 1994. During this past biennium a 10% surcharge, imposed by legislation, on optometry licenses and renewals for the Minnesota Office of Enterprise Technology to develop a statewide electronic licensing system was funded by the Board in FY 10 with a transfer from the special revenue fund in lieu of imposing this surcharge on the licensees. Beginning in FY 11 the surcharge is being collected directly from applicants and licensees.

Summary of credentialing history:

Number and Type of Credentials Issued or Renewed

Total Number of persons licensed or registered as of June 30, 2010	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2010		Number and Type of Per Credentials Renewed Online (# and per cent) during biennium ending June 30, 2010
1023 optometrist	ISSUED	23	477 = 47%
	RENEWED	1006	
	REINSTATED	0	

Total Number of persons licensed or registered as of June 30, 2009	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2009		Number and Type of Credentials Renewed Online (# and per cent) during biennium ending June 30, 2009
1001 optometrist	ISSUED	38	493 = 49%
	RENEWED	1001	
	REINSTATED	0	

Total Number of persons licensed or registered as of June 30, 2008	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2008		Number and Type of Credentials Renewed Online (# and per cent) during biennium ending June 30, 2008
1004 optometrist	ISSUED	74	444 = 45%
	RENEWED	972	
	REINSTATED	1	

Total Number of persons licensed or registered as of June 30, 2007	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2007		Number and Type of Credentials Renewed Online (# and per cent) during biennium ending June 30, 2007
931 optometrist	ISSUED	15	360 = 37%
	RENEWED	952	
	REINSTATED	4	

The Board provides excellent customer service and uses efficient and cost effective processes and technology to support Board functions, including ensuring that all applicants meet the standards for initial licensure, and that optometrists meet standards for annual license renewal.

In support of the mission of public protection, the Board responds to complaints and investigates optometrists who are alleged to have failed to maintain minimum standards necessary for the provision of safe and quality care, and when warranted, the Board provided timely and appropriate discipline or corrective action. The Complaint Review Committee of the Board is comprised of two Board members.

The Committee determines if the complaint is jurisdictional, and whether the information submitted is sufficient to initiate a complaint, and if not, then may request additional information from the complainant. The Board also seeks information directly from the licensee, as well as obtaining investigation information from other agencies, and/or consultants. Confidentiality and due process are strictly observed throughout the complaint review process and after resolution. When appropriate, licensees may be provided with education to improve their practice and prevent recurrence of problems. When formal action is warranted for public protection then the Committee attempts to obtain a voluntary corrective action agreement or disciplinary action; and if necessary will pursue disciplinary action through a due process, contested case hearing, or potential court action.

Consumer complaint forms are available from the Board's website at www.optometryboard.state.mn.us.

Section V. Regulation and Public Protection

Whether less restrictive or alternative methods of performing any function that the agency performs could adequately protect or provide service to the public;

Regulatory Authority. The Minnesota Board, similar to all US jurisdictions and Canadian provinces, licenses Optometrists. This occupation is one of the initial professionals requiring licensing credentials. The board and provider organizations believe this is the appropriate level of regulation for Optometrists. There are no states that support any credential less than at the licensure level.

Fiduciary Obligation. Minnesota Statutes section 214 requires the Board to collect fees sufficient to cover expenditures. Fees collected are deposited in the Special Government Revenue Fund and appropriated by the legislature. An alternative and less burdensome method would be for the Board to have fiscal authority without this legislative appropriation. Fees established by the legislature and oversight by the Minnesota Management and Budget would provide external and internal audit control mechanisms and assurance to the public of compliance with Minnesota law and best accounting practices while deleting a layer of bureaucracy. This would place the burden of partnership with the licensee community, provider association and boards to create effective and efficient operations. The Dedicated Special Revenue Fund approach is supported by all of the stakeholders and the legislature appears to be reluctant to abdicate their power to the least restrictive model.

Legal Services. Minnesota statutes section 214 requires legal and investigative services be provided by the Attorney General's Office (AGO). Many of the larger boards have implemented a system in which Board staff draft legal documents of notice rather than the AGO. The AGO then reviews the documents for accuracy and compliance with law. This practice has resulted in a 50% decrease in the time from receipt of complaint to a review before the Board. There was no change in the cost to the Board. As a smaller board, the current AAG's are essential and the cost is minimal. However, a logical expansion of this practice may be for the health-licensing boards to retain their own legal counsel and investigative staff rather than contracting with the AGO; thus, eliminating a layer of involvement. Legal and investigative services would be shared among the health-related licensing boards on a fee for use basis. As a smaller board, it is uncertain if cost to benefit would be substantial to propose this change in practice. Again, the partnership with the AG's office is strong and provides exceptional service to MBO.

Section VI. Agency Structure and Program Administration

The extent to which the jurisdiction of the Board and the programs administered by the Board overlap or duplicate those of other agencies, the extent to which the Board coordinates with those agencies, and the extent to which the programs administered by the Board can be consolidated with the programs of other state agencies;

There are no other state agencies focused on the Optometrist standard entry level requirements for Optometrist and continued competency requirements. The MBO engages many stakeholders, both internal state agencies and external provider partners, in advancing practice standards for Optometrists. The high level of the agency's customer service, knowledge of law and issues, being able to speak

directly with someone with specific knowledge, and being able to correspond with the same person each time a contact is made are critical and found in the Minnesota model. Provider organizations have expressed appreciation in having a ‘one stop, go to’ agency for all matters related to Optometry. Board members believe the small agency model of consolidation and collaboration with other health licensing boards, led by citizens, is a model that should be emulated and could serve as an example for other large centralized bureaucratic agencies.

Section VII. Complaint Resolution Process

The promptness and effectiveness with which the agency addresses complaints concerning entities or other persons affected by the agency, including an assessment of the agency's administrative hearings process;

The MBO conducts the following types of investigations:

- investigations of complaints filed by public, patients, or licensees, including:
- complaints of a violation of the Act, and
- complaints of conduct by licensees related to the practice of optometry (technically outside the jurisdiction of the act, but undertaken as a service to the public)
- investigations of possible violations of the Act discovered by the Board, such as
- applicants for license not meeting statutory qualifications,
- licensees reporting criminal convictions,
- information received from law enforcement and other agencies, and
- advertising violations
- investigations of licensees’ offices and patient records

Standard Procedures

The Board of Optometry goes to great lengths to provide a prompt response and outstanding “customer service” to Minnesota citizens and licensees. Complaints that are received are acted on within one week. Complaints are forwarded to the two person panel for their initial review of jurisdictional declaration. When all pertinent information is collected a complaint committee along with the Board’s assistant Attorney General reviews the investigational documents and then determines a course of action which can range from dismissal of the complaint to immediate suspension of licensure.

The Boards administrative hearings process is clearly defined in MN Statute §14.48-14.70. This process is designed to assure that State agencies afford proper due process (Constitutional) protections to licensees subject to potential disciplinary action. This process has withstood the test of time, and been filtered through experience over many years. Certainly, any time a case is required to move through contested case proceedings (as opposed to concluding via consent agreement) the process will be lengthier and more costly for both sides. However, it gives an opportunity for both sides to fully air their position, including providing evidence and arguments through a neutral finder of fact, the Administrative Law Judge (ALJ). Interestingly, the ALJ is not the final arbiter of whether or not disciplinary action is imposed. The end result of the trial is merely a report that ends with a

recommendation as to whether or not disciplinary action is warranted. This recommendation will then go to the board for final resolution.

The neutral Board reviews the recommendations of the ALJ, and reviews the entire record including all evidence submitted on behalf of both sides. (This includes documents that may well be in the many hundreds of pages.) During this process, the Board has been completely isolated from this case and only the complaint panel originally managing the case has been involved in the proceedings. When the case is finally tried and the report is completed, the neutral Board has its first opportunity to study the case. The neutral Board is isolated from the complaint panel, and no communication is allowed between the Panel and the rest of the neutral Board. A new attorney is assigned to the neutral Board, known as the “advising attorney,” and staff is separated on this matter. When the case gets to the Board for consideration, both sides (i.e. the panel and the licensee) are then allowed to argue their position to the neutral Board (addressing only what is in the official record.) The licensee and the panel are excused from deliberations, and the neutral Board deliberates and makes its final decision on the case.

Once that decision is established in a written order, it is served on both sides. This is the first that both sides become aware of the actual outcome. This may or may not be the end of the proceeding. During the process, the neutral Board has three options with regard to the ALJ’s report: It can accept findings and recommendations completely; it can modify the findings or recommendations; or it can reject the findings or recommendations entirely. The Board brings something to the table that the trial judge cannot and that is the professional knowledge and expertise of the Board members, which is one of the many reasons that the Board of Optometry professional members serve on the board. The Board Members cannot substitute their expertise for the Judge’s trial experience without providing significant rationale for doing so. However, provided the Board does a reasonable job of explaining its rationale for diverting from the ALJ’s findings, they are likely to prevail. Numerous Appellate and Supreme Court decisions over the years have acknowledged and accepted these circumstances.

A contested case hearing before an Administrative Law Judge is a lengthy experience, but one that protects the integrity of the process. If the licensee disagrees with the outcome, the licensee still has other options. The case can, as in any other legal proceeding, be appealed to the state Appellate court and furthered if needed. While lengthy and expensive, the Board acknowledges that this is the most equitable system to assure the rights of the individual. While the licensee may disagree with the ultimate outcomes, this set of procedures allows the individual proceeding to be held up to the very highest standard of scrutiny.

Rarely does a complaint proceed to an administrative hearing before an Administrative Law Judge. The vast majority of board actions are resolved through consent agreements or by other means.

Number and age of complaints open at the end of the period

Number of Complaints ending June 30, 2010	Number of Complaints Open as of June 30, 2010
1. Complaints Opened	6
2. Open Less Than 3 Months	2
3. Open 3 to 6 Months	3
4. Open 6 to 12 Months	1
5. Open More Than 1 Year (explain)	0

Number of Complaints ending June 30, 2009	Number of Complaints Open as of June 30, 2009
1. Complaints Opened	4
2. Open Less Than 3 Months	3
3. Open 3 to 6 Months	1
4. Open 6 to 12 Months	0
5. Open More Than 1 Year (explain)	0

Number of Complaints ending June 30, 2008	Number of Complaints Open as of June 30, 2008
1. Complaints Opened	6
2. Open Less Than 3 Months	2
3. Open 3 to 6 Months	3
4. Open 6 to 12 Months	1
5. Open More Than 1 Year (explain)	0

Number of Complaints ending June 30, 2007	Number of Complaints Open as of June 30, 2007
1. Complaints Opened	4
2. Open Less Than 3 Months	3
3. Open 3 to 6 Months	1
4. Open 6 to 12 Months	0
5. Open More Than 1 Year (explain)	0

Number of Complaints ending June 30, 2006	Number of Complaints Open as of June 30, 2006
1. Complaints Opened	9
2. Open Less Than 3 Months	7
3. Open 3 to 6 Months	2
4. Open 6 to 12 Months	0
5. Open More Than 1 Year (explain)	0

Number of Complaints ending June 30, 2005	Number of Complaints Open as of June 30, 2005
1. Complaints Opened	17
2. Open Less Than 3 Months	12
3. Open 3 to 6 Months	5
4. Open 6 to 12 Months	0
5. Open More Than 1 Year (explain)	0

The committee has incorporated ‘just culture’ principles whereas many of the complaints are resolved with professional quality improvement standards and educational re-direction, without escalating to a contested case. Just Culture directs the committee to determine, ‘did the licensee intentionally risk the patient’s safety or was it an act of human error’? The Committee is continually faced with making challenging decisions and deliberate at length to assure the appropriate blending of public safety with personal accountability.

V. Trend Data as of June 30

Year	A. Persons Licensed	B. Complaints	C. Complaints Per 1,000 Licensees	D. Open Cases
2010	1023	5	4.9	3
2009	1001	10	10.0	13
2008	1004	10	10.0	15
2007	931	10	10.7	7
2006	951	12	12.6	6
2005	952	10	10.5	5
2004	913	8	8.76	3
2003	899	9	10.01	1
2002	914	10	10.9	13
2001	892	11	12.33	8
2000	846	16	18.9	3

Section VIII. Rules, Policy, Legislation Enactment/Development and Stakeholder Participation

An assessment of the Board's rulemaking process and the extent to which the Board has encouraged participation by the public in making its rules and decisions and the extent to which the public participation has resulted in rules that benefit the public;

The Minnesota Board (MBO) last promulgated rules in 2001. The Board and the Attorney General Office routinely review and evaluate the current Rules. The Rules-Legislative Committee is chaired as a standing committee and has internally updated rules in delaying the formal rule writing until benefit exceeds expense. It is the opinion of the Attorney General office and the board members that the current rules in place are adequate and effective at this time, and are not lacking, incomplete nor causing public harm by not updating. There has been no request by the public or the licensees to

engage in the promulgation of additional or revision of rules. Also the Board has consciously chosen not to engage in the rule writing process due to the significant expense when faced with a limited board budget that has seen its 'surplus earnings' transferred with was typically used for rule writing. In addition the formal rule writing process required in Minnesota is viewed by many as complex, burdensome and time consuming which further diminishes limited resources. The board consciously has chosen to annually review the cost to benefit of rule writing and has prepared a list of potential rule revisions.

Legislative changes have occurred to the MBO Practice Act MN Statute §148 over the last ten years. Statute changes were agreed upon following considerable stakeholder input. These legislative regulatory changes were necessary to address how the practice of Optometrist's is performed in order to protect the public. In all situations, the board contacts key stakeholders to assure attempts at reducing unnecessary legislative conflict or undiscovered and unintended barriers.

The primarily communication with the public occurs via the Board's Website:
www.optometryboard.state.mn.us.

This interactive tool provides all statutes, downloadable forms, complaints processes and forms, FAQ's, and volumes of information accessible to the public 24/7.

Section IX. Compliance with Federal and State Laws Related to Employment, Data Privacy, Purchasing

The extent to which the Board has complied with federal and state laws and applicable rules regarding equality of employment opportunity and the rights and privacy of individuals, and state law and applicable rules of any state agency regarding purchasing guidelines and programs for historically underutilized businesses. The following response is consistent for all health licensing boards with under 25 employees.

Employment

The Board complies fully with federal and state laws regarding equality of employment opportunity, and the rights and privacy of individuals. The Executive Director is entrusted with responsibility for ensuring that federal and state equal employment opportunity laws are fully complied with. This is achieved with assistance of the Board's designated affirmative action officer, located in the Administrative Services Unit, which provides shared services to each Board.

The Board maintains and updates an affirmative action plan on a biannual basis. Criteria for affirmative action plans are established by state law, MS. 43A.19 and 43A.191, and MMB Administrative Procedure 19.1. The Executive Director prepares and implements the Plan, and signs the Plan's Statement of Commitment. The current Affirmative Action Plan is on the Board's website. Likewise, the Board fully complies with the Minnesota Human Rights Act and applicable federal equal opportunity laws. The Board works cooperatively with the Administrative Services Unit, which provides expertise on equal opportunity issues.

This Board has received no complaints of violation of equal employment opportunity laws. All new employees are informed of equal employment opportunity policies and laws upon orientation, and a copy of the Board's affirmative action plan is reviewed with them, including equal opportunity provisions and the Board's complaint process. This Affirmative Action Plan is provided to all new employees, and is posted on the employee bulletin board. Training on equal opportunity /affirmative action requirements is periodically provided to staff through in-person training sessions and online training. Equal opportunity /affirmative action matters are regularly reviewed at Executive Director meetings and Office Manager meetings.

The Board conducts its hiring processes in accordance with all applicable collective agreements, and state and federal law. This is accomplished through consultation with the Board's affirmative action designee. The Board uses the State's resume-base, skill-matching process. Resumes are evaluated against established minimum qualifications. Hiring processes are closely reviewed to insure compliance with equal employment opportunity. Interview questions are established based on knowledge, skills, and abilities required to perform the responsibilities of each position. The Board's home webpage has an affirmative action /equal opportunity statement, lists the phone number for hearing/speech relay, and provides an e-mail address for comments on the web page. The Board responds to all applicable State surveys regarding equal opportunity /affirmative action, including an Annual ADA Survey.

Applicants and the general population are becoming increasingly diverse, including cultural and language diversity. The licensing boards continue to examine matters pertaining to possible barriers in licensure, as well as issues surrounding working with clients and patients from diverse populations.

Purchasing and Contracting

The Board complies with all purchasing requirements, including the State's Targeted Group / Economically Disadvantaged small business program. Contractual guidance is provided by the Administrative Services Unit. The Administrative Services Unit also provides the services of a Buyer who has been trained in all State purchasing requirements, including Targeted Group / Economically Disadvantaged preferences in purchasing. The Board is also strongly supportive of Minncor purchasing. Applicable rules of any state agency regarding purchasing guidelines and programs for historically underutilized businesses.

The Board is aware of State contracting requirements regarding accessibility for IT services over \$25,000; assistance in these matters is provided by Administrative Services Unit IT and Contract staff. Training on these matters has been provided by the Department of Administration, Materials Management Division.

All departments and agencies making direct purchases in accordance with this authority must follow the policies and procedures and instructions contained in this manual and all applicable laws and rules, including but not limited to:

- Minnesota Statutes Chapters 13, 16A, 16B, and 16C,
- Minn. Stat. §§ 10A.07, 15.43, 43A.38, 609.43, and 609.456,

- Minnesota Rules Chapter 1230, and
- Uniform Commercial Code (UCC) as adopted by Minnesota (see Minnesota Statutes Chapter 336).

Section X. Potential Conflict of Interest

The extent to which the Board issues and enforces rules relating to potential conflicts of interest of its employees;

Minnesota Statute §214 clearly addresses conflict of interest issues regarding board members and licensee interaction and licensee complaint and investigation. All board members review MN Statute §214 with regard to conflict of interest annually.

The Executive Director of the Board is responsible for enforcing rules relating to potential conflicts of interest of its employees.

The Executive Directors of all the Health-Related Licensing Boards agreed to have each incumbent employee review State Code of Conduct provisions and to be recertified in the employee’s core knowledge of the code annually. All new Board employees are also informed of the Code at employment orientation, and are instructed to certify understanding of their responsibilities under the code. The State Code of Conduct (MMB Operating Policy & Procedure 01003-01) outlines the standards and expectations regarding employee honesty, integrity, and ethical behavior.

The Code of Ethics for State Employees [Executive Branch] with the State of Minnesota (Minnesota Statutes 43A.38) is reviewed at orientation with all new employees, and is also discussed regularly at Office Managers meeting and Executive Directors meetings. Questions regarding conflict of interest are directed to Administrative Services Unit staff, which seeks additional guidance as required from Minnesota Management and Budget.

Provisions regarding potential conflict of interest in regard to contracting are heavily regulated by Minnesota statutes. Provisions regarding institutional conflict of interest have been reviewed at meetings of Office Managers and of Executive Directors.

Board staff received training from the Department of Administration, Materials Management Division, regarding appropriate contracting procedures, including conflict of interest. Adherence to state contracting statutes and regulations minimize the risk of conflict of interest.

Section XI Compliance with Chapter 13-Data Practices and Requests for Information

The extent to which the Board complies with Chapter 13 and follows records management practices that enable the agency to respond efficiently to requests for public information.

Record Retention schedules

The Board follows a record retention and the most recent Office of Legislative Auditor review did not identify any concerns.

Tennessen warnings

Appropriate Tennessen warnings, reviewed and approved by the Attorney General Office are included in all correspondence with licensees and non licensees that may be involved in a complaint investigation.

The Board of Optometry complies with all data privacy laws defined in MN Statute §13 and frequently consults with the Attorney General Office for clarification of the application and interpretation of MN Statute §13. All requests for public information are addressed as promptly as possible and are provided to the requestor following Assistant Attorney General review or legal consultation. Public disciplinary documents are available via link posted on the Board of Optometry website. All open meeting laws are observed and followed by the Board of Optometry without exception.

Section XII. Effect of Federal Intervention and Funding

The effect of federal intervention or loss of federal funds if the Board is abolished.

All states license optometrists. A large majority of the states have examination and licensing requirements similar to Minnesota, including the use of one national examination. All states investigate complaints against licensees and unlicensed practice, but there are differences in the number of investigations and enforcement priorities. The scope of practice permitted varies significantly from state to state. The organization of optometry boards also varies from state to state. Independent agencies similar to Minnesota exist in a majority of the states but also some state boards are centralized into larger agency. Almost all optometry boards have an independent board of licensees and public members; however the powers and duties of the boards may vary.

There is not a direct correlation to federal funds, the state of Minnesota and the Minnesota Board of Optometry. There is a significant third party payment credentialing verification service for this occupation.

Section XIII. Additional Services and Collaboration

Although the 17 independent health licensing boards, the Board of Barber and Cosmetologist Examiners, the Health Professionals Services Program, and the Department of Health are separate agencies, the boards and the department cooperate in administering health occupation licensing programs. The 17 boards are housed together in the same building and collaborate in many ways. The boards meet regularly with representatives of the Department of Health to discuss joint concerns.

Health Licensing Boards

Each of the independent health licensing boards consists of members appointed by the Governor. The principal staff person for each board is the Executive Director; although by statute some of these positions are classified as Executive Secretary, this is solely a matter of terminology. Each board is charged with the regulation of particular health professions specified by statute. Each board is governed by its own practice act. Certain statutory requirements apply to all boards; these are specified in Chapter 214. The Emergency Medical Services Regulatory Board, although not statutorily defined as a

health licensing board, is housed with the boards and cooperates with them on administrative, policy, and financial matters. Similarly, the Board of Barber Examiners and Board of Cosmetologist Examiners, though not a statutorily designated health licensing board, is housed with the boards and cooperates with them on administrative, policy and financial matters. The Health-Related Licensing Boards which are housed in the same building are funded by licensing fees, as opposed to general state funds. There are no general funds utilized by the Health Related Licensing Boards.

Department of Health

The Department of Health administers one health occupation program which is defined as a health-related licensing board under Chapter 214. This is the Office of Unlicensed Complementary and Alternative Health Care Practice. The Alcohol and Drug Counselor Licensing Program is now housed within the Board of Behavioral Health and Therapy, and the Office of Mental Health Practice is now housed within the Board of Social Work as administering agency.

The Department of Health also has certain statutory responsibilities relating to the boards. These are as follows:

- to provide mailing and office supplies services, and at the request of the boards, may provide other facilities and services at a central location upon request of the boards (M.S. 214.04)
- to coordinate the development of a credentials policy among the boards (M.S. 214.13)
- to serve on the Council of Health Board when reviewing legislation or legislative proposals relating to the regulation of health occupations, the council shall include the commissioner of health or a designee (M.S. 214.025). Additional information regarding the Council of Health Boards is below.

Council of Health Boards

The Council consists of one board member from each board and the Executive Directors. The Council meets periodically to discuss issues and concerns affecting all boards. The Council is required to statutorily review emerging issues relating to health occupation regulation, such as proposals to regulate new health occupations, upon referral from the Legislature. The council was given formal direction when legislation, Minn. Stat. §214.025 was enacted on July 1, 2001:

The health-related licensing boards may establish a Council of Health Boards consisting of representatives of the health-related licensing boards and the Emergency Medical Services Regulatory Board. When reviewing legislation or legislative proposals relating to the regulation of health occupations, the council shall include the commissioner of health or a designee.

Since 2003, the Council has received requests from the Senate and House to perform occupational reviews, and to provide a report to the Legislature, regarding legislation regarding the following occupations:

- Massage Therapy (2002 and 2009)
- Optometry Prescribing Authority

- Speech Language Pathology
- Dental Assistants
- Denturists
- Naturopaths
- Athletic Trainers
- Laboratory Scientists
- Body Art
- Genetic Counseling

The boards deal directly with the legislature upon the request of either Chair of the respective Health Committees for both legislative bodies. Previously, Minnesota utilized sunrise legislation which requires a detailed, strict review of emerging professions and written summary is prepared for both chambers. The Council utilizes significant portions of the Pew Commissions recommended sunrise occupational review, which has been used by many progressive states. If Minnesota now deems sunset legislation as a better approach, perhaps the Council of Health Boards would become a voluntary body and would not review emerging legislation saving countless hours and volunteer work for the boards.

Section XIV. Priority Based Budget

The Minnesota Board of Optometry has only one program, and anticipates maintaining or potentially reducing expenses with the three agency lean processing used in creating a new organizational model. The desired outcome is the Plan, Do, Check, and Act (PDCA) process is being utilized in the classic quality improvement or Deming modeling. Priority budgeting is used by virtually every health care organization and the board is not new to the arena of doing more with less to focus revenue to strategic goals. However, the board has worked diligently to monitor their fees to the expenses of the board operations only to see any management achievement and cost savings transferred general fund agencies. It is disheartening and creates a disincentive for board members. All revenue should be placed in a dedicated to the agency special revenue fund.

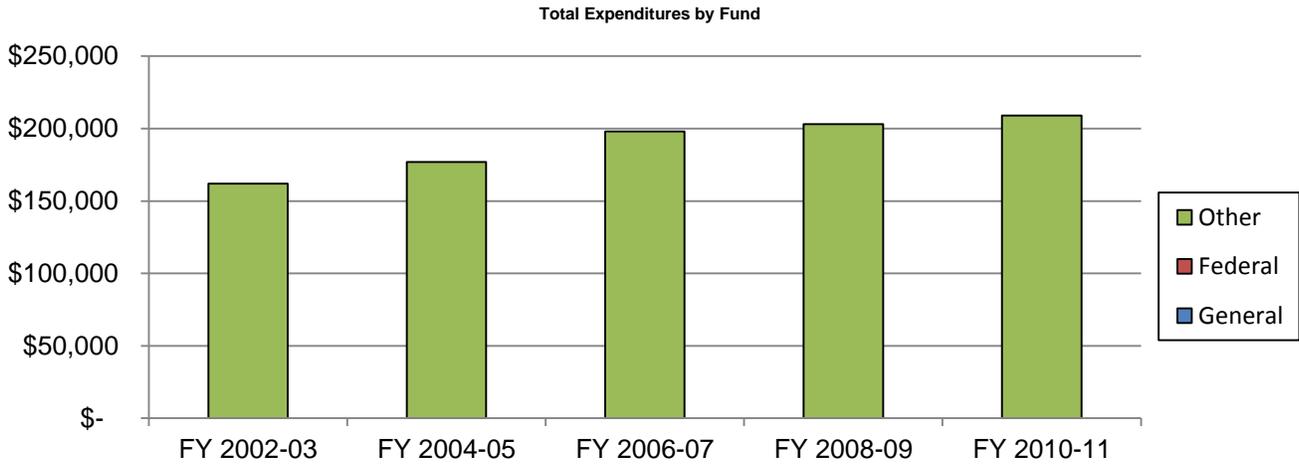
Each of the expenditures buckets are priorities in the board's base budget. The board has streamlined operations to a point that further reduction would mean sub-quality service, a position that does not identify well with the current board. The boards 'lean' priorities were utilized before it become a trendy management concept. Any reduction in budget would result in reduced regulatory activity and service to the citizens of Minnesota and Optometry licensees thus, compromising public protection and safety. The board has dealt with other state models which are inferior to the Minnesota model.

The board is responsible for collecting sufficient revenue to cover both direct and indirect expenditures. The board is estimated to collect \$115,000 annually in FY 2012, which is deposited as non-dedicated revenue into the state government special revenue fund, and if subject to a transfer the non-prudent manager would spend down regardless of priority based spending. This board and other HLB's do not engage in such poor stewardship. The Minnesota Board of Optometry fees were last increased in 1995. Board members are still committed to operating efficiently knowing that unspent budget was

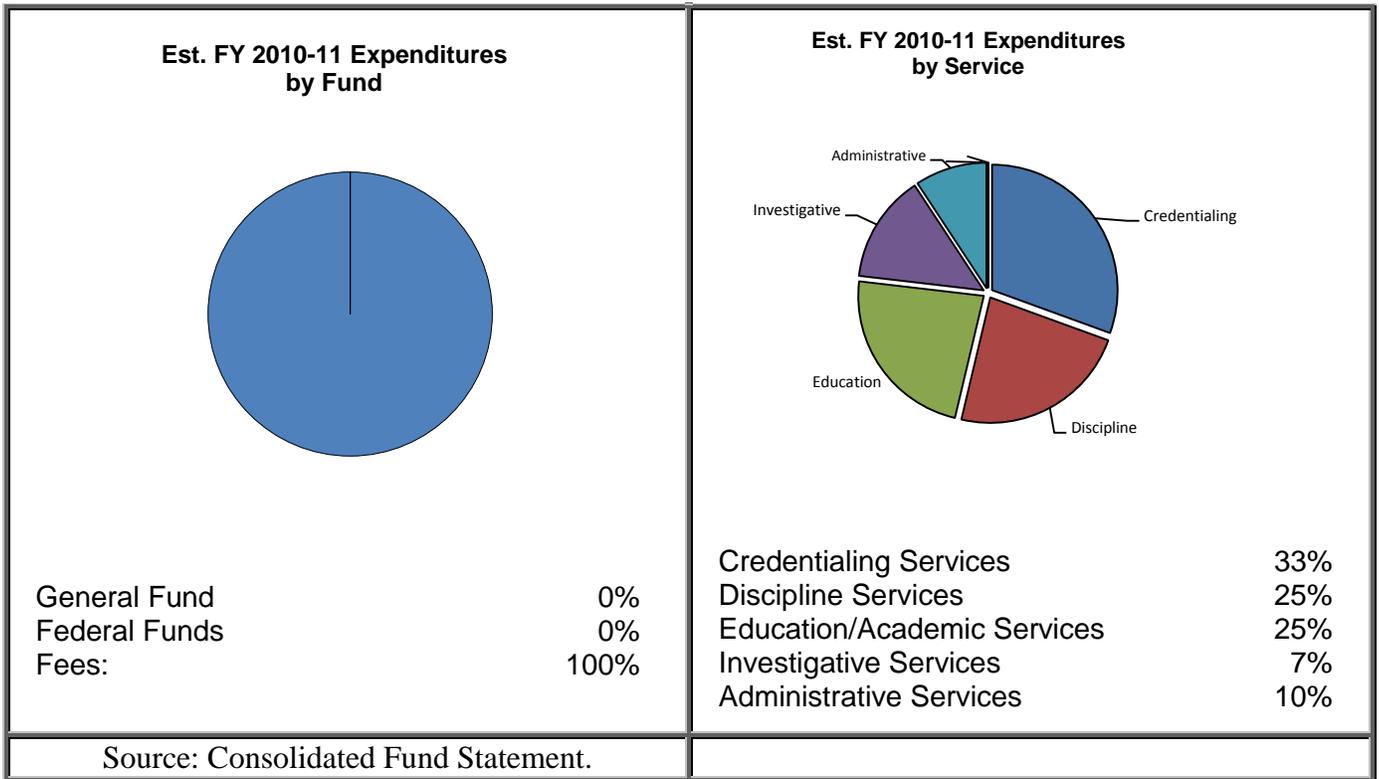
previously placed in the surplus account to delay fee increases or for litigation expense involving a contested case. The board cannot support the transfer of funds totaling \$127,000 to the General Fund; for such things as the duplicative e-licensing system offered by OET. These actions do not instill fiduciary trust for the licensee community.

From this fund, the board requests each biennial budget and receives a direct appropriation to pay for agency activities such as salaries, rent, costs for disciplinary/contested cases and operating expenditures. It also pays statewide indirect costs through an open appropriation. In FY 2012, total expenditures for these purposes are estimated at \$138,002. The chart below shows funding trends over the last five biennia for the direct and open appropriation.

Budget Trends Section



Source data for the previous chart is the Minnesota Accounting and Procurement System (MAPS) as of 07/31/10.



SUMMARY STATEMENT

The Minnesota Board of Optometry remains proud of its service to promote public safety for the great citizens of this state and summarizes this submission:

- The original intent, goals and mission of the board is currently met. The board supports ‘*citizen board driven CQI*.’
- *External stakeholders* acknowledge the role of the board and support it’s continuation in its role of citizens directing and controlling the operations of the board.
- The board will review all comments regarding their operational status through its *strategic plan process* and will work towards even better performance with the stated expectations.
- The *efficiency of current operations* is accepted by the licensee community. Each meeting, revenue and expenditures are reviewed in a presented financial summary. The vision of the board to further revise the operational model with 2011 business centric models should be encouraged with the self-directed activity identified in this review. If the legislature desires a data driven quality improvement process, they could appropriate funds and mandate the reports. The board has not pursued this endeavor given the cost of such processes. With the approval of DRLIMS, the goal is to improve report management features. If specific tasks as found in the priority based budget are no longer a priority of the state of Minnesota those should be identified as well and the board will work to resolve those issues identified.
- Legislation would be supported to dedicate board fees exclusive to board operations, requiring the board to operate in the business model of self-sufficiency.
- The *effectiveness* of the Minnesota Health Licensing Regulatory Board model is well regarded nationally from both citizen advocacy groups and contemporary state boards. This is small government with citizens driving the structure.