



# **Minnesota Board of Dietetics and Nutrition Practice**

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## **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 \$1550.00*

## INTRODUCTION

On behalf of the Board chair and board members, as Executive Director of the Minnesota Board of Dietetics and Nutrition Practice, (BDNP), 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 Dietetics and Nutrition Practice: Key Statistics

#### **Credentialing Services**

- 1,300 Renewed Licenses
- 100 New Licenses
- 1392 Licensed Dietitians
- 67 Licensed Nutritionists

#### **Education Services**

- 1,300 reviews of reported continuing education
- 130 audits of reported continuing education
- 50 continuing education program approvals

#### **Complaint Review**

- Reviewed 10 complaint files
- Prepared 5 complaint files for committee
- Resolved 4 complaint files

The Board serves the consumers of dietetic/nutrition services by licensing as dietitians and nutritionists only those persons the board has determined meet the established education, experiential and examination requirements. The board serves the dietetic/nutrition community by providing verification of credentials to the public, health care organizations, state and federal agencies, and a substantial increase in verification to third party administrators.

The Board is committed to public protection and to responsible, efficient, and cost-effective services. The seven-member Board of Dietetics and Nutrition Practice (3 public members, 2 licensed dietitians, and 2 licensed nutritionists) set the direction for the Board and oversee the agency's activities. The Governor appoints all board members with a significant emphasis on public member participation for this board. Board members employ the Executive Director who is employed at will by the board and also subject to evaluation by the Governor.

*Dietitians and Nutritionists are food and nutrition experts who translate the science of nutrition into practical solutions for healthy living. They use their nutrition expertise to help individuals make unique, positive lifestyle changes. They work throughout the community in hospitals, schools, public health clinics, nursing homes, fitness centers, food management, food industry, universities, research and private practice. Licensed Dietitians and Nutritionists are advocates for advancing the nutritional status of Minnesotans.*

## **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.*

**Dietitian Minimum Requirements:** *As of November 30, 2011-- 1392 Licensed Dietitians*

- BS or postgraduate degree
- 900 hour supervised field experience
- Completed the registration examination for dietitians – national examination

**Nutritionists Minimum Requirements:** *As of November 30, 201, 67 Nutritionists*

- Masters or Doctoral Degree in nutrition
- 900 hours supervised field experience or
- Certified as a Certified Nutrition Specialists

### **What do Licensed Dietitians/Nutritionists do?**

- Follow a Professional Code of Ethics that places a high value on providing services based on scientific principles and recognizing and exercising professional judgment within the limits of one's qualifications.
- Teach individuals how to practice balanced eating to achieve a healthy lifestyle.
- Separate nutrition facts from fads and translate the latest scientific findings into easy-to-understand nutrition information.
- Provide Medical Nutrition Therapy, which incorporates assessment of nutritional status and development of personalized interventions to improve eating habits, lifestyle choices, and health.
- Participate in public policy decisions to ensure the optimal health and nutritional status of all citizens of Minnesota.
- Plan and supervise the preparation of food for institutions such as hospitals, schools, cafeterias and restaurants.
- Work as health care team members with physicians and other medical professionals.
- Instruct groups and individuals about the nutritional care of conditions such as but not limited to: diabetes, kidney disease, obesity and pregnancy.
- Research and interpret nutrition and food science to understand food's role in health.
- Interpret, educate, and implement food safety practices.

## Mission

The mission of the Board of Dietetics and Nutrition Practice is:

- To promote the public's interest in receiving quality dietetic and nutrition services from competent dietitians and nutritionists.
- To protect the public by ensuring that all licensed dietitians and nutritionists meet the educational and practical requirements specified in law.
- To protect the public by setting standards for quality dietetic and nutrition services.

## The Board's strategies and values include:

- Ensuring that educational standards for prospective licensees and continuing education for licensees are initially met and maintained.
- Licensing qualified individuals so that Minnesotans seeking to use their services will be able to identify those working in the field with skills necessary to provide services in compliance with Minnesota Statutes and Rules.
- Implementing disciplinary and compliance actions when licensees do not perform in accordance with the current standard of practice.
- Educating the public on health-related professions, practitioners, and standards.

## Board Members:

Member Name	Residence	Occupation	Professional / Public Member	Date of Appointment	Date of Re-appointment
Jennifer Nelson	Rochester	Dietitian	Professional	2003	2007-2011
Marnie Moore	St. Paul	Attorney	Public	2004	2007-2011
Janelle Peterson	Minneapolis	Dietitian	Professional	2005	2009
Darlene Kvist	St. Paul	Nutritionist	Professional	2006	2009
Stacey Millett	St. Paul	Health Care Policy	Public	2010	
Susan Parks	Mendota Heights	Nutritionist	Professional	2010	
Kristin Halonen	Cokato	Volunteer	Public	2011	
Debra Sheats	St. Paul	Dietitian	Professional	2011	

The Board of Dietetics and Nutrition Practice is responsible for protection of the public through the regulation of dietitians and nutritionists in the State of Minnesota. Minnesota nutrition professionals began working to obtain licensure in the mid-1980s. The Board was established in 1995 under the authority of Minnesota Statutes, Chapter 148. Regulatory activities include licensure examination, license renewal, required continuing education, as well as investigation and resolution of complaints against licensees.

The board's website is [www.dieteticsnutritionboard.state.mn.us](http://www.dieteticsnutritionboard.state.mn.us). Both Statutes and Rules are listed on the website with critical information and links to various stakeholders.

## **Board Committee Structure:**

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

### **1. Complaint Resolution Committee**

Darlene Kvist, Nutritionist  
Jennifer Nelson, Dietitian

- 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

### **2. Continuing Education Committee**

Jennifer Nelson, Dietitian  
Darlene Kvist, Nutritionist

- a. Creates and reviews content required for advancing core competencies

### **3. Legislative Committee**

Darlene Kvist, Nutritionist  
Marnie Moore, Public Member  
Janelle Peterson, Dietitian

- a. Maintains current, effective rules to administer the statutes
- b. Reviews rules and engages in rule writing when necessary
- c. Serves as legislative liaison.

### **4. Interaction with key Stakeholders:**

Minnesota Dietetic Association (MDA)  
American Dietetic Association (ADA)  
Commission on Dietetic Registration (CDR)

### **5. Health Professional Services Program**

Janelle Peterson, Dietitian

### **6. Council of Health Boards**

Marnie Moore, Public Member

## **Board Reimbursement:**

Board members are cognizant of the importance of conducting efficient meetings with clear outcomes and action items. They are committed to and manage the per diems efficiently with strict adherence to State statutes and policies. Board members offer expertise with a commitment to the public and to their profession and are focused on public safety. The board members contribute countless unreimbursed hours to board-related public activities outside of the board meetings. Annual board reimbursement is under \$3000.00

## **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 routinely discusses its strategic placement with other Minnesota stakeholders' goals and objectives who routinely attend their board meeting. The board has tentatively scheduled 2012 to begin its next Strategic Plan process, delaying discussion until this sunset review is completed. The board conducts an annual evaluation of the Executive Director as well as a board member self-evaluation, consistent with a desire for continuous improvement of the board's operations.

## **Board Restructuring:**

In 2010, the Board benefited from the leadership of its former executive director, who recently resigned. With the retirement pending, the BDNP 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 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 Optometry, the Board of Examiners for Nursing Home Administrators, and the BDNP 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 improved outcomes. This effort focuses on maintaining an autonomous citizen driven board structure.

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

- Maintain 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 staff 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 – the software licensing and data management system. Some external observers may believe that larger or greater consolidation would create even greater economies of scale. However, a review of other states with a heavily-consolidated model would disclose the efficacy of the boards' responses to stakeholders 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. 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:**

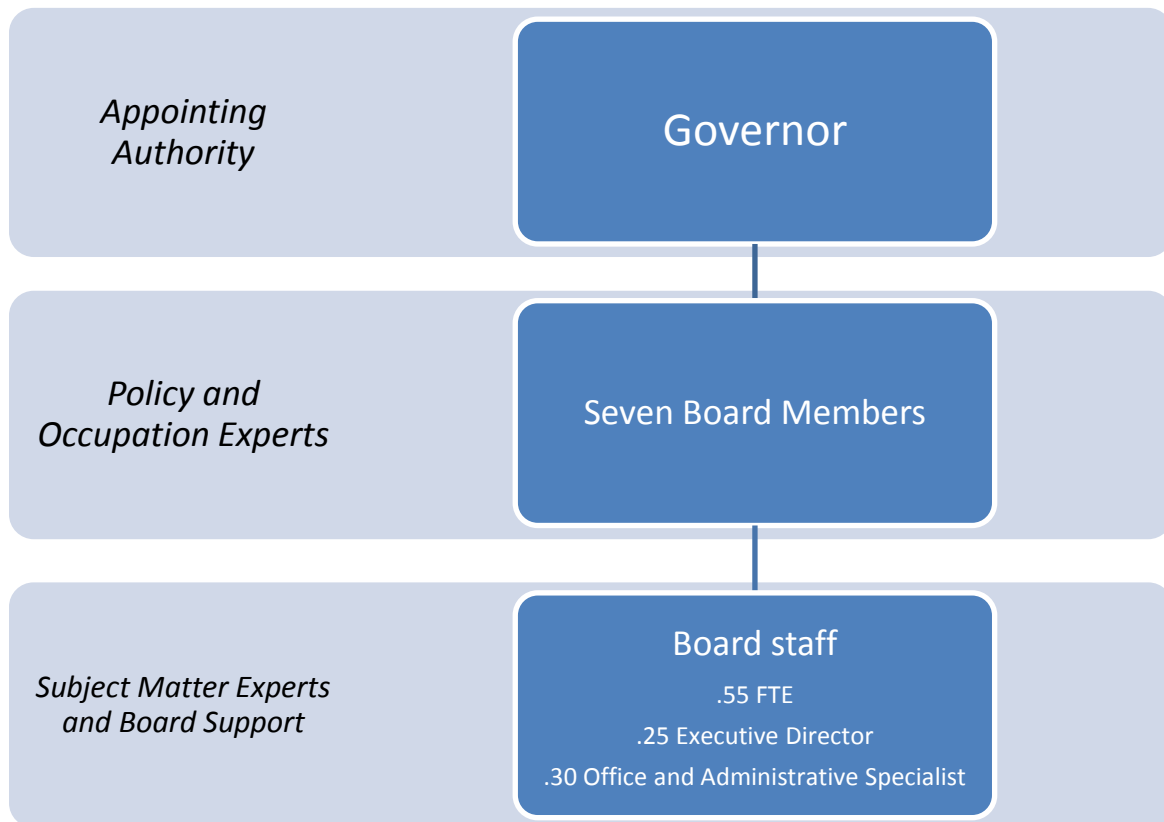
Randy Snyder, Executive Director  
Anna Hartsel, Office and Administrative Specialist

The current staffing model is a .25 FTE Executive Director and a .30 FTE for an Office and Administrative Specialist. Since the board's inception in 1996, there has not been any increase in staffing. The actual number of licensees has increased 41% since 2000. The new proposed model is attempting to complete the work with a .25 FTE decrease in staffing,



which does not appear to be fully meeting all operational expectations at this early assessment phase. The new, leaner model is in month four of a 24-month assessment period and promotes an ‘extreme makeover’ of current operations. The board utilizes the P.D.C.A. (plan / do / check / act) model for continuous quality improvement. Current board staff has consistently been rated by applicants and licensees at 9 (of 10) or higher for customer service in past evaluations and achieves the internal mandate of a customer inquiry response within 24 hours. No consumer complaints have been registered at this office. Staff answers phones directly, without mechanical triage and is appreciated by those seeking immediate advice. The current staffing ratio of FTE to Licensee is 1:2324.

### Board Organizational Chart



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 Dietetics and Nutrition Practice, and achieve an additional collaborative strategy through cooperation, such as sharing staff through interagency agreements, providing independent neutral review of complaint cases, and the development of the SBLM IT database and online services. The boards meet as needed to cooperate on additional 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

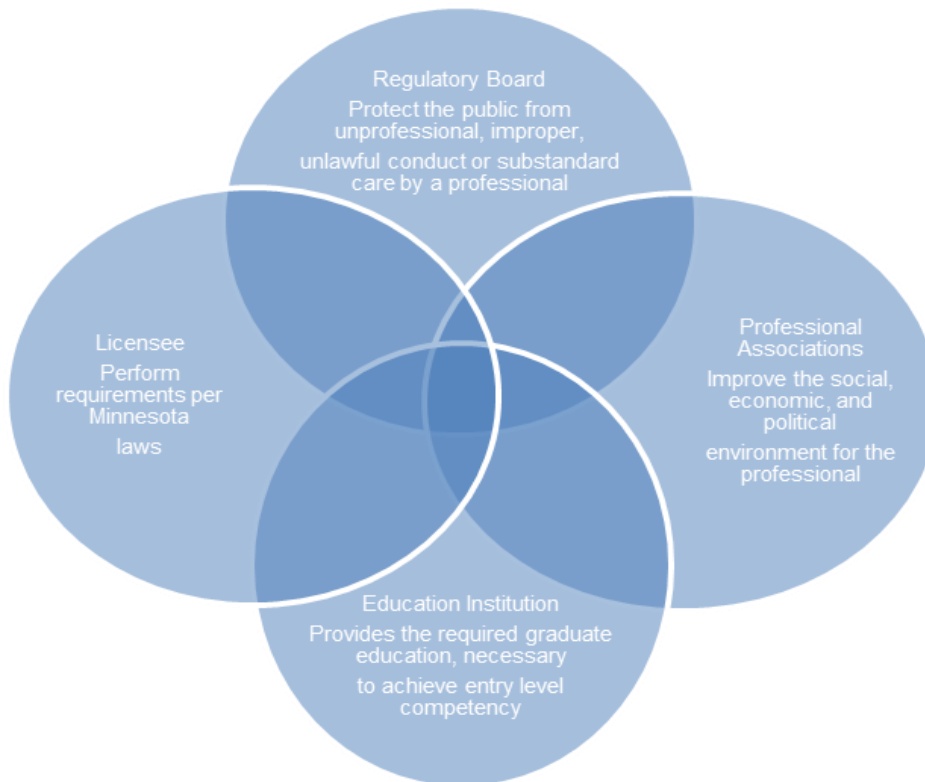
Effective July 1, 2002 Minnesota Statutes, section 214.40 required the Administrative Services Unit to create procedures to allow volunteer dentists, dental hygienists, physicians, physician assistants, and nurses to apply for medical professional liability insurance while volunteering at community charitable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



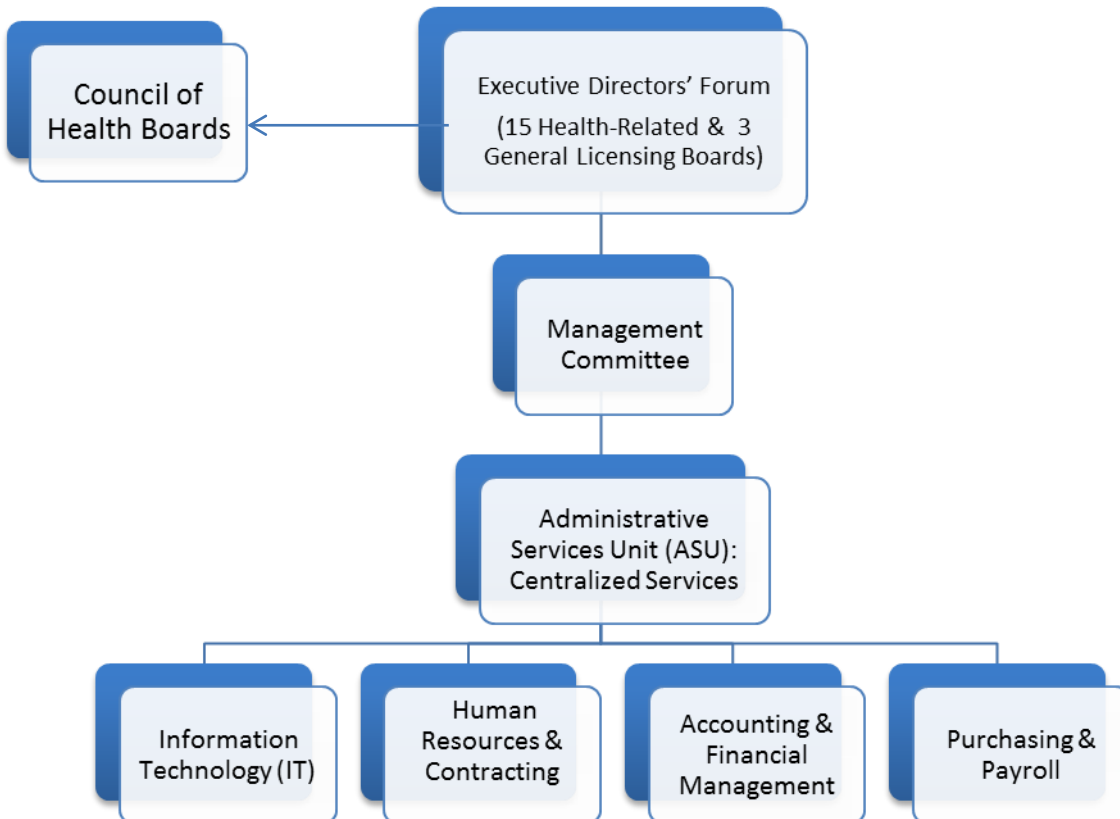
Each Board—comprised of governor appointed members—oversees the regulation of health-related professions in Minnesota. These Board members, who work in the Minnesota community outside of state government in addition to their role on these boards, put in extra hours to offer public and professional expertise 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 Administrators	Award Winning Security Model	Advanced Hardware Standards
<ul style="list-style-type: none"> <li>• Collaborative financial resources to achieve a combination of developers, data base experts, and security credentialed staff members, including two Certified Information Systems Security Professional (CISSIP) IT Administrators.</li> </ul>	<ul style="list-style-type: none"> <li>• HLBs received National Association of State Chief Information Officers (NASCIO) award for its Continuity of Operations Plan (COOP)</li> <li>• HLBs received national awards for work performed in IT security and emergency preparedness</li> <li>• Minnesota Board of Medical Practice received the Minnesota Government Recognition Award</li> <li>• Enforced strict passphrase policy across HLB since 2006 which exceeds industry standards</li> </ul>	<ul style="list-style-type: none"> <li>• Advanced technology infrastructure that integrates storage area network (SAN) devices to centralized secure data storage</li> <li>• Segmented internal network traffic and utilization of an active industry-leading firewall</li> <li>• Advanced technology typically utilized in larger agencies including: server virtualization and clustering, automated computer patching/updating, and vulnerability scanning</li> <li>• VMware clusters enable HLBs to manage server hardware with no downtime</li> </ul>

## Minnesota Health-Related Licensing Boards: Online Services

### Online Services

Since 2006, the MN-BDNP has supported electronic technology to meet the efficient license renewal processes for Minnesota Licensees. The BDNP has electronic renewals currently established and anticipates introducing electronic initial applications when the DRLIMS project is approved by OET in 2012. The benchmark for staff response to customer inquiries is within 24 hours. The board has chosen to provide direct communication to licensees and the

public and answers phone personally in lieu of electronic operators. Staff is trained to provide a single point of service to achieve caller success in one phone call. Staff work to assure that callers do not need to call repeated times to the board. The board uses advanced technology to provide interactive usable websites for public access.

With leadership transition, the board will explore enhancing the online system for greater functionality, leading to higher end user participation.

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

**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 board operations and technology advances:**

**Initial Licensure:** The BDNP presents information to students nearing graduation at the University of Minnesota as an academic partner in the University’s pre-licensure review course. Students receive a summary of licensure requirements, and develop a preliminary understanding of and relationship with the board. In addition, the board attends the Minnesota Dietetic Association state wide convention for outreach to assist with applicant questions, address core competency issues and answer any licensee concerns.

**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 BDNP 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 decreased to \$45.00 following repeated transfers of board licensing reserve funds. The board was granted approval to lower fees from the highest fee of \$115.00 when the board was initiated in 1996, lowered to \$75.00 in 2001 and then lowered to the current annual renewal of \$45.00 in 2005. The unintended consequence of reducing the ‘retained bank account’ would be the challenge created if faced with a contested case. This would result in licensees being assessed a ‘legal surcharge’ to proceed or the complaint would not be adjudicated. The DNP fees are currently some of the lowest in the nation. The board works in collaboration with the Commission of Dietetic Registration which historically created the national examination. Without duplicating the effort, the Board accepts CDR examination scores built upon agreed upon core competencies and maintained through continuing education. Fees have not been raised since inception of the board, and are actually at their lowest point historically. The board members believe they are prudent stewards of the resources entrusted to them. Challenging funding decisions are best met by the profession/public board composition found in the Minnesota model.

The board is supportive of legislation that addresses dedicated funds being used exclusively for board operations and not transferred to 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 ultimately paying for the service that is provided.

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 Dietetics and Nutrition Practice actively participate 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, and continuing education events that aim to inform and educate the public, students and licensed dietitians/nutritionists. These educational opportunities serve both to inform the public of the

roles and responsibilities of the Board as well as students who as future licensees need to be aware of foundational building blocks in setting expectations for quality care of Minnesota citizens. Board members serve on a number of advisory committees. Minnesota has many nationally recognized leaders within the American Dietetic Association. Although it is a provider association, the ADA is known for its evidence based research in pursuing scientific approaches to nutritional health. The Minnesota Dietetics Association (MDA) is also active in attending nearly every board meeting. Although, the Board and Association have separate missions, mutual respect is afforded to each regarding its critical role and function. The MDA is supportive of the collaborative work of the board. MDA further supports the board as a valuable state agency and support for its reestablishment in the role of public safety.

Board members have formerly participated in leadership positions of the American Dietetic Association and the Minnesota Dietetics Association. As a state, nationally recognized for quality health care, major health systems across the state are reviewing protocols for Licensed Dietitians to work directly with patients with delegated authority. Dietetics/Nutritionals have specific training, and with demonstration of proficiency and protocols to safe guard patients can reduce overall medical expense. Accountable Care Organizations are also reviewing the technical skillset of this essential health care skill set as a placeholder in the future health care delivery system.

### **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 Administrators
- 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
Application for Nutritionist	\$175.00
Application for Dietitian wo/ Registered Dietician	\$175.00
Application for Dietitian w/ Registered Dietician	\$100.00
D&NP Licensing Fee	\$150.00
D&NP Annual Renewal Fee	\$45.00
D&NP Late Penalty Fee	\$22.50
Miscellaneous	\$0.00
Reinstatement Fee	\$92.50
Credit Card Handling Fee (varies)	\$0.00
OET Licensing Surcharge MN Statute 16E.22	\$5.00

Receipts, Disbursements and Major Fees

Fees 2010 [list by license type / renewal term (e.g., annual, biannual)]		Disbursements FY 2010
Nutritionist Application	\$350	\$88,612
Dietitian Application	\$7,900	
Licensing Fee	\$12,150	
Annual License Renewal	\$59,175	
Late Penalty Fee	\$562	
Reinstatement Fee	\$647	

Fees 2009 [list by license type / renewal term (e.g., annual, biannual)]		Disbursements FY 2009
Nutritionist Application	.00	\$99,406
Dietitian Application	\$8,975	
Licensing Fee	\$13,350	
Annual License Renewal	\$57,465	
Late Penalty Fee	\$787	
Reinstatement Fee	\$555	

Fees 2008 [list by license type / renewal term (e.g., annual, biannual)]		Disbursements FY 2008
Nutritionist Application	.00	\$87,535
Dietitian Application	\$9,700	
Licensing Fee	\$14,550	
Annual License Renewal	\$54,405	
Late Penalty Fee	\$1,260	
Reinstatement Fee	\$832	

**Minnesota Board of Dietetics and Nutrition Practice**

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

The Committee determines if a complaint is jurisdictional, and whether the information submitted is sufficient to initiate a complaint, and if not, the committee 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.dieteticsnutritionboard.state.mn.us](http://www.dieteticsnutritionboard.state.mn.us)

Of greater significance are the increased complaints against individuals not foundationally educated to the high degree as a dietitian and nutritionists and yet, perform nutritional counseling without formal education or credentialing.

### **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 majority of states require licensure. There are four states according to national research that don't have a state credential requirement. Those states have initiatives seeking licensure.

**Fiduciary Obligation.** Minnesota Statutes section 214.06 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, the public 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 less 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 would 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 significant to propose this change in practice. Again, the partnership with the AG's office is strong and provides exceptional service to BDNP.

### **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 dietetics/nutrition practice entry level requirements and continued competency requirements. The MN-BDNP engages many health care and dietetic stakeholders, both internal state agencies and external provider partners, in advancing practice standards for this profession. Again, no other state agency deals directly with the entry level and continued competency of the dietitian/nutrition practice or is a subject matter expert within the state of Minnesota. Provider organizations and advocacy groups have expressed appreciation and support in maintaining a centralized 'one stop' agency for all matters related to public protection and nutrition practice. Board members believe the small agency model which promotes collaboration with other health licensing boards, led by citizens, is a model that should be emulated and could serve as an example to 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 Complaint Resolution Committee is comprised of two nutrition experts/board members. They work diligently to assure the blending of public safety and licensee accountability in a timely and direct manner for both complainants and the subject of the complaint. In over 95% of the time, the complaint is resolved within two meetings or approximately six months. As only board members serving on the complaint panel make the processing decision, the first meeting typically reviews the preliminary information and in a great majority of those cases is either dismissed or additional information is sought before the committee feels comfortable in dismissing or closing the case at the second meeting. The committee has recently established new processes to engage individuals providing nutrition counseling without being licensed in a preliminary coaching of the standards and cooperative investigation model.

The committee incorporates 'just culture' principles whereas many of the complaints are resolved through professional quality improvement standards and educational

redirection, without escalating to a contested case. With many of the complaints, the corrective action is working towards greater proficiency and communication challenges and improvement without warranting formal action.

**V. Trend Data as of June 30**

<b>Year</b>	<b>A. Persons Registered</b>	<b>B. Complaints</b>	<b>C. Complaints Per 1,000 Licensees</b>	<b>D. Open Cases</b>
2010	1378	4	2.9	0
2009	1299	0	0	0
2008	1295	3	2.3	3
2007	1199	2	1.7	1
2006	1205	3	2.5	2

**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 (DNP) last promulgated rules in 2005. The Board and the Attorney General’s Office routinely review and evaluate the current Rules. The Rules Committee is chaired as a standing committee and has internally updated administrative processes while 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. 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’ swept, which was also 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 stated budget is \$44,000 for the traditional ‘routine rule writing’ and the entire annual budget of the board is \$101,000. The board has consciously moved to an annual review of the cost to benefit of rule writing and will pursue changes as determined by the board members.

Legislative changes have not occurred to the MN-BDNP Practice Act MN Statute §148 since its inception. Statute changes are currently being discussed with considerable stakeholder input. These legislative regulatory changes are being addressed how the practice of

Dietitians/Nutritionists is performed in order to protect the public with minor changes required pertinent to board governance. In all situations, the board contacts key stakeholders to assure attempts at reducing unnecessary legislative conflict or undiscovered and unintended barriers.

The primary communication with the public occurs via the Board's Website:

<http://www.dieteticsnutritionboard.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 had no issues identified in the most recent Office of the Legislative Audit in 2005.

### **Tennessee warnings**

Appropriate Tennessee 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 Dietetics and Nutrition Practice 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 Dietetics and Nutrition Practice website. All open meeting laws are observed and followed by the Board of Dietetics and Nutrition Practice 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.

There is no direct relationship with the BDNP and federal intervention or loss of federal funds.

## **Section XIII. Additional Services and Collaboration**

Although the 17 independent health licensing boards, the Board of Barber Examiners, the Board of 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 statutorily designated health licensing boards, are housed with the boards and cooperate 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 a 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 in reviewing emerging occupations. 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 Dietetics and Nutrition Practice licenses two professional occupations: Dietitians (1392 current licensees) and Nutritionists (67 current licensees). The board believes they are progressive in attempting further cost savings with the three agency lean processing used in creating a new management model initiated on June 23, 2011. Most

health care environments are familiar with Lean-“Kaizan” models and priority based budgeting. The board members are supportive of new models of efficiency if combined with quality outcomes. The board has worked diligently to balance their fees to the expenses of the board operations only to see any management achievement and cost savings transferred to other general fund agencies. It is disheartening and creates a disincentive for board members to be prudent resource managers. Budgets are prepared and approved with full board involvement. Each meeting includes review of updated financial reports. The board does advocate that all revenue/fees should be placed in a dedicated fund in the agency special revenue fund.

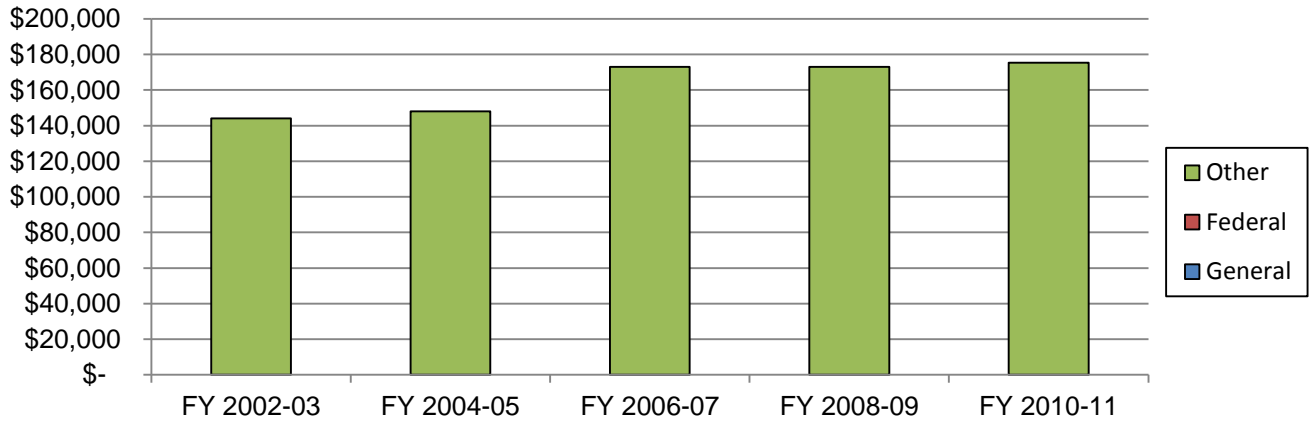
Each of the expenditures buckets listed are priorities as the board has streamlined operations to a point that further reduction would mean sub-quality service, a position that does not identify well with the current citizens serving on the board. The boards ‘lean’ priorities were utilized before the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

The board is responsible for collecting sufficient revenue to cover both direct and indirect expenditures. The BDNP is estimated to collect \$79,000 in FY 2012, which is deposited as non-dedicated revenue into the state government special revenue fund. As identified, the Minnesota Board of Dietetics and Nutrition Practice fees have been decreased twice in the past decade. The board members were committed to operating efficiently knowing that unspent budget was placed in the surplus account to delay fee increases or for litigation expense involving a contested case. By transferring retained earnings for general fund obligations, that type of action does not instill fiduciary trust for the licensee community.

From this fund, BDNP 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 2012-13, total expenditures for these purposes are estimated at \$131,415. The chart below shows funding trends over the last five biennia for the direct and open appropriation.

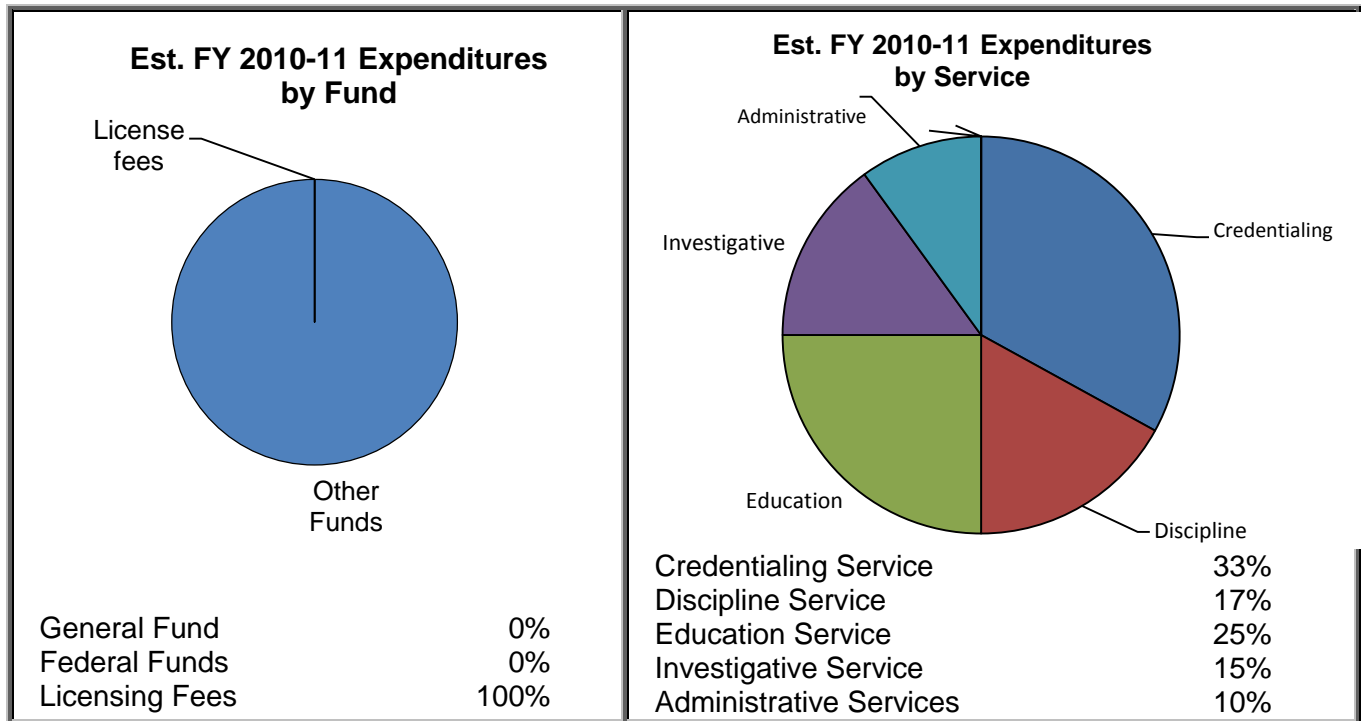
Total direct and indirect expenditures for FY 2012-13 are estimated to be \$131,415 which includes .55 full time equivalent employees. Direct expenditures include salaries, rent and other operating expenditures. The board receives a direct appropriation for these costs. Indirect expenditures listed in the pie chart below include costs of services received by the Attorney General’s Office, Health Professional Services Program, and the Administrative Services Unit. The board is responsible for collecting sufficient revenue to cover both direct and indirect expenditures.

**Total Expenditures by Fund**



	FY 2002-03	FY 2004-05	FY 2006-07	FY 2008-09	FY 2010-11*
General	\$ -	\$ -	\$ -	\$ -	\$ -
Federal	\$ -	\$ -	\$ -	\$ -	\$ -
Other	\$ 144,000	\$ 148,000	\$ 173,000	\$ 173,000	\$ 175,400

\* FY 2010-11 is estimated, not actual



## SUMMARY STATEMENT

The Minnesota Board of Dietetics and Nutrition Practice remain proud of its service to promote public safety for the great citizens of this state and provide this summary:

- The Board of Dietetics and Nutrition Practice met on December 5, 2011 and reaffirms their past work has been successful and that the original intent, goals and mission of the board is currently met. Having completed Strategic Plans in the past decade, *the board supports CQI* and the concept of this review process to encourage contemporary practices. The board believes public safety is greatly influenced by evidence based dietetic approaches to the overall health care status of Minnesotans. With current health care issues, such as childhood obesity and diabetes, even more public attention should be placed on the essential role of the licensed Dietitian and Nutritionist.
- The board had October, 2011 as a target date to begin planning their new strategic plan but will delay until clear direction is offered to move the findings of the Sunset Commission forward.
- The *efficiency of current operations is overall accepted* by the board, the licensees and key stakeholders with the presented financial summary. The vision of the board to further revise the operational model with 2011 business centric models should be encouraged with this self-directed activity. If the legislature desires a data driven quality improvement process, we would enthusiastically support receipt of new appropriated funds and mandate the specific topics or reports deemed necessary. 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.
- 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 and avoids political decision making.
- External stakeholders believe in the work of the board and support its continuation in its role of *citizens directing* and controlling the operations of the board.