Minnesota Board of Podiatric Medicine

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

November, 2011

Ruth Grendahl
Executive Director
Minnesota Board of Podiatric Medicine
2829 University Avenue SE #430
Minneapolis, MN 55414
(612) 548-2175
(612) 617-2698 (fax)
ruth.grendahl@state.mn.us

Table of Contents

I. Executive Summary..... p.3

II. Introduction ..... p. 7

III. Board Mission and Major Functions ..... p. 8

IV. Inventory of Board, Committees, Cooperative Efforts ..... p. 12

V. Complaint Process – Promptness and Effectiveness ..... p. 18

VI. Efficiencies and Effectiveness p.19

VII. Conflict of Interest ..... p. 23

VIII. Compliance with Data Privacy Laws ..... p. 24

IX. Fees and Funding..... p. 25

X. Compliance with Federal and State Laws Related to Employment, Data Privacy, Purchasing ..... p. 27

XI. Rules & Rulemaking..... p. 28

XII. Priority Based Budget..... p. 29

XIII. Website Link..... p. 29

Pursuant to Minnesota Statute 3.197, the estimated cost of preparing this report is $1200.00.

EXECUTIVE SUMMARY

THE BOARD OF CHIROPODY, now the BOARD OF PODIATRIC MEDICINE, WAS CREATED BY THE LEGISLATURE IN 1917 for the purpose of licensure of chiropodists, regulating the right to practice and defining the scope of practice. In 1959 the term podiatry became synonymous in meaning with the word chiropody and in 1961 was substituted throughout the practice act. In 1987 a new practice act became law, establishing requirements for licensure. Podiatrists are licensed to diagnose and treat medically, mechanically, and surgically the ailments of the human hand, foot, ankle, and lower leg.

The mission of the Board is to protect the public by regulating the privilege to practice podiatric medicine to qualified applicants, and by investigating complaints relating to the competency or behavior of individual licensees or registrants.

The authority of the Minnesota Board of Podiatric Medicine to regulate doctors of podiatric medicine (DPM) is specified in Minnesota Statutes §153.01-153.26. In addition to the Minnesota Board of Podiatric Medicine Act, the Board is governed by requirements in Minnesota Statutes §214, as are the other health licensing boards. Minnesota Rules Chapter 6900 reference many definitions, licensure requirements, temporary permits ,license renewals, reinstatement of licenses, fees and continuing education requirements.

The Board is entirely fee supported and receives no General Fund dollars. The Board is responsible for collecting sufficient revenue from fees to cover both direct and indirect expenditures, which is deposited as non-dedicated revenue into the State Government Special Revenue Fund (SGSRF). The Board has not raised its fees since 1999.

The agency has seven volunteer Board members appointed by the Governor and a .5 FTE staff member that has remained at that level for minimally 20 years. The Board is comprised of five DPM and two public members who receive a per diem of $55 and mileage for meetings. The full Board meets quarterly and the Complaint Review Committee (CRC) meetings approximately 6-10 times each year.

The Board licenses podiatrists who meet standards of education, examination, supervised practice, continuing education, and ethical standards of practice Over the past 8 years the number of licensed podiatrists has increased 22%, from 180 to 219, reflecting the growing need for their services. . The demand for podiatrists is expected to continue to increase with the aging population in the state. However, as the Board has made numerous improvements in internal operations over the past six years, it expects to be able to accommodate the increased workload without any staffing increases.

Minnesota is home to three podiatric medicine residency programs with the sponsoring institutions being; Allina/Mercy Hospital, Hennepin County Medical Center and Regions Hospital. In 2003 the Board issued 12 temporary residency permits, today that number is 16. In 2011, 7 of the 14 new licensees were residents at one of the three Minnesota institutions.
Mindy Benton, DPM, Director of the Hennepin County Medical Center residency program, also serves as the President of the thirteen member National Board of Podiatric Medical Examiners Board (NBPME). The NBPME administer examinations governing the practice of podiatric medicine. Minnesota licensure requires passage of Part I and Part II exams administered by NBPME.

Online services were first implemented in 2004. The utilization rate of online services has steadily increased from 52% in 2006, 84% in 2010. 798 license verifications were requested in 2011 – of those 696 or nearly 90% were completed online.

Preparation for the Sunset Commission Report included a comprehensive review and comparison of podiatric medicine regulatory structures and how they delivered the services we do. The Minnesota Sunset Advisory Commission hearings have focused on testimony from Texas and their successful 27 year old Sunset Commission. A comparison of Texas was of particular interest and uncovered many similarities. In 1923 Texas began licensing chiropodists, in 1967 the name was changed to the Texas Board of Podiatry Examiners and in 1996 underwent a name change to its present form; the Texas State Board of Podiatric Medical Examiners.

Following are states with independent Boards similar to Minnesota, including all states surrounding MN:

Alabama State Board of Podiatry
Arizona State Board of Podiatry Examiners
Arkansas Board of Podiatric Medicine
Colorado Podiatry Board
Delaware State Board of Examiners in Podiatry
District of Columbia Board of Podiatry
Florida Board of Podiatric Medicine
Georgia State Board of Podiatry Examiners
Hawaii Board of Podiatric Medicine
State Board of Idaho Board of Podiatric Examiners
Indiana Board of Podiatric Medicine
Iowa Board of Podiatry Examiners
Kentucky Board of Podiatry
Maine Board of Licensure of Podiatric Medicine
Maryland Board of Podiatric Medical Examiners
Massachusetts Board of Examiners in Podiatry
Michigan State Board of Podiatric Medicine & Surgery
Missouri State Board of Podiatric Medicine
Nebraska Board of Examiners in Podiatry
Nevada State Board of Podiatry
New Hampshire Board of Regulators in Podiatry
New Mexico Board of Podiatry
North Carolina Board of Podiatric Examiners
North Dakota Board of Registration in Podiatry
Oklahoma Board of Podiatric Medical Examiners
Pennsylvania State Board of Podiatry
Puerto Rico Podiatric Medical Board
Rhode Island Board of Examiners in Podiatry
South Carolina Board of Podiatry Examiners
South Dakota Board of Podiatry Examiners

Tennessee Board of Podiatric Medical Examiners
Texas Board of Podiatric Medical Examiners
Utah Podiatric Physician Licensing Board
Washington Podiatric Medical Board
Wisconsin Podiatry Council
Wyoming Board of Registration in Podiatry

The current Board did a thorough analysis of its regulatory framework in 2009, before it decided to fill the vacant Executive Director Position. The Board determined the highly specialized profession and the services it delivered were best still served by an independent Board.

INTRODUCTION

As Executive Director of the Minnesota Board of Podiatric Medicine, I am submitting this report to the Sunset Commission in compliance with Minnesota Statutes §3D.06, which 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 head considers appropriate or that is requested by the commission.

This report contains all of the required information, not necessarily in the order listed above.

BOARD MISSION AND MAJOR FUNCTIONS

The mission of the Board is to protect the public by regulating the privilege to practice to qualified applicants, and by investigating complaints relating to the competency or behavior of individual licensees or registrants.

The board regulates the practice of podiatric medicine by:

- responding to public and agency inquiries, complaints and reports regarding licensure and conduct on applicants, permit holders, licensees and unlicensed practitioners;
- reviewing complaints of alleged violations of statutes and rules, holding disciplinary conferences with licensees, and taking legal action to suspend or revoke the licenses of podiatrists who fail to meet standards;
- setting and administering educational requirements and examination standards for DPM licensure; and
- providing information and education about licensure requirements and standards of practice to the public and other interested audiences.

The board's activities are guided by the following principles:

- responsibility for public safety will be fulfilled with respect for due process and adherence to laws and rules;
- customer services will be delivered in a respectful, responsive, timely, communicative, and nondiscriminatory manner;
- government services will be accessible, purposeful, responsible, and secure; and
- business functions will be delivered with efficiency, accountability and a willingness to collaborate.

The board establishes standards for the practice of podiatric medicine. Functions of the board include licensing doctors of podiatric medicine (DPM), issuing temporary permits to practice under supervision, processing complaints against licensees, and registering podiatric professional corporations.

The Board responds to inquiries from the public regarding licensure status before seeking treatment, provides license verification information to credentialing agencies and medical facilities, and initiates legislative changes, as needed to update the practice act.

Services are delivered by issuing licenses to qualified individuals, renewal certificates to licensees meeting continuing education requirements, temporary permits to individuals completing residencies, and license verifications to credentialing services and medical facilities. The agency protects the public by investigating complaints and holding educational and disciplinary conferences with licensees. Board orders for disciplinary actions and Agreements for Corrective Action further protect the public.

Board requirements for Minnesota DPM licensure include:

- Proof of graduation from one of the eight nationally approved universities of podiatric medicine.
- Part I and Part II passing scores on the national boards which are prepared and graded by the National Board of Podiatric Medical Examiners.
- Complete at least one year of post-graduate training under supervision. However, Minnesota podiatric medicine residency programs require a more rigorous 3 year residency.
- Provide surgical & training logs for review.
- Applicants must appear in person before the board or its designated representative to prove the applicant satisfies all requirements including knowledge of the laws, rules and ethics pertaining to the practice of podiatric medicine in this state.

Applicants licensed in other states and seeking Minnesota licensure must show evidence of the following:

- Licensure verification from all states previously licensed in, including any disciplinary actions taken against their license.
- Five years proof of malpractice insurance coverage from the insurer, including a claims history of any malpractice settlements.
- Compliance with continuing medical education (CME) requirements from state currently licensed in.

Background checks are conducted on all applicants through the National Practitioners Data Bank and Healthcare Integrity and Protection Data Bank. The Board must report any disciplinary actions to the Data Bank within 30 days.

Minnesota is fortunate to have three high quality podiatric medicine residency programs. The sponsoring institutions are Allina/Mercy Hospital, Hennepin County Medical Center and Regions Hospital. Last year seven of the fourteen new licensees were from one of the Minnesota residency programs. Temporary permits are renewed each year for three years.

License renewals are due biennially and require disclosure of any felony or gross misdemeanors, diagnosis of alcohol, drug or chemical misuse or treatment for any mental, physical or emotional condition. Proof of completion of 30 hours of CME's approved by the Minnesota Board of Podiatric Medicine or the National Council of Podiatric Medicine Education.

Key objectives include:

- maintain excellence in the practice of podiatric medicine
- allow licensees, permit holders and citizens online access to information about podiatric medicine
- keep licensees informed of changes affecting the practice of podiatric medicine;
- respond to requests for license verification within 48 hours
- promptly report disciplinary actions to the national databank and to all who have requested such notification
- provide immediate access to information on the complaint process and to the printing of complaint forms through the board's web site
- increased utilization of online payment for license verifications through the board's web site
- provide immediate access to application forms, license renewal forms, names and contact information for board members, and copies of the board's statutes and rules through our website at www.podiatricmedicine.state.mn.us.
- offer online biennial license renewal

Key measures include:

- over the past five years, an average of 11 complaints have been received each year; however, as the number of licensed podiatrists has increased the average number of complaints received on an annual basis has declined.
- New license applications will be processed within 48 hours upon receipt of all required documentation from applicant.
- 95% of the requests for license verifications will be fulfilled within 48 hours of receipt at the board office;

INVENTORY OF BOARD, COMMITTEES, ADVISORY COUNCILS, COOPERATIVE EFFORTS

Board Composition

Statute requires the Board to have seven members, five doctors of podiatric medicine licensed in Minnesota and two public members. The Governor appoints the Board members to four year staggered terms. Current Board members are:

Board Member	Residence	Professional/Public
Dr. Eugene Dela Cruz	Apple Valley	Podiatrist
Dr. Edward Lebrija	Morris	Podiatrist
Dr. Schelli McCabe	St. Peter	Podiatrist
Dr. James Nack	Madison Lake	Podiatrist
Esther Newcome	White Bear Lake	Public Member
Dr. Stephen Powless	Minneapolis	Podiatrist
Judy Swanholm	St. Paul	Public Member

The full Board meets quarterly, the first Monday of March, June, September and December. The June meeting is held later in the month, enabling the Board reviews CME requests before the June 30 deadline.

Complaint Review Committee Responsibilities (CRC)

The Complaint Resolution Committee (CRC) of the Board of Podiatric Medicine is authorized by Minnesota Statutes, Chapter 214 and responds to public and agency inquiries, complaints and reports regarding licensure and conduct of applicants, permit holders, licensees and unlicensed practitioners.

The CRC is comprised of three Board members, two licensed doctor of podiatric medicine and a public member of the Board. The current CRC members are as follow:

Complaint Review Committee	Professional/Public Member
Dr. Edward Lebrija	Podiatrist
Dr. Stephen Powless	Podiatrist
Judy Swanholm	Public Member

The Executive Director processes complaints submitted to the Board and refers them to the CRC. The CRC determines whether a complaint or inquiry is jurisdictional, receiving legal counsel from the Minnesota Attorney General' Office, and deciding on the appropriate course of action to resolve the matter.

Grounds for disciplinary action are described in Minnesota Statutes §153.19:

Subdivision 1. Grounds listed. The board may refuse to grant a license or may impose disciplinary action as described in this section against any doctor of podiatric medicine. The following conduct is prohibited and is grounds for disciplinary action:

(1) failure to demonstrate the qualifications or satisfy the requirements for a license contained in this chapter or rules of the board; the burden of proof shall be upon the applicant to demonstrate the qualifications or satisfaction of the requirements;

(2) obtaining a license by fraud or cheating or attempting to subvert the licensing examination process;

(3) conviction, during the previous five years, of a felony reasonably related to the practice of podiatric medicine;

(4) revocation, suspension, restriction, limitation, or other disciplinary action against the person's podiatric medical license in another state or jurisdiction, failure to report to the board that charges regarding the person's license have been brought in another state or jurisdiction, or having been refused a license by any other state or jurisdiction;

(5) advertising that is false or misleading;

(6) violating a rule adopted by the board or an order of the board, a state, or federal law that relates to the practice of podiatric medicine, or in part regulates the practice of podiatric medicine, or a state or federal narcotics or controlled substance law;

(7) engaging in any unethical conduct; conduct likely to deceive, defraud, or harm the public, or demonstrating a willful or careless disregard for the health, welfare, or safety of a patient; or podiatric medical practice that is professionally incompetent, in that it may create unnecessary danger to any patient's life, health, or safety, in any of which cases, proof of actual injury need not be established;

(8) failure to supervise a preceptor, resident, or other graduate trainee or undergraduate student;

(9) aiding or abetting an unlicensed person in the practice of podiatric medicine, except that it is not a violation of this clause for a podiatrist to employ, supervise, or delegate functions to a qualified person who may or may not be required to obtain a license or registration to provide health services if that person is practicing within the scope of that person's license or registration or delegated authority;

(10) adjudication as mentally incompetent, or a person who is mentally ill, or as a chemically dependent person, a person dangerous to the public, a sexually dangerous person, or a person who has a sexual psychopathic personality by a court of competent jurisdiction, within or without this state;

(11) engaging in unprofessional conduct that includes any departure from or the failure to conform to the minimal standards of acceptable and prevailing podiatric medical practice, but actual injury to a patient need not be established;

(12) inability to practice podiatric medicine with reasonable skill and safety to patients by reason of illness or chemical dependency or as a result of any mental or physical condition, including deterioration through the aging process or loss of motor skills;

(13) revealing a privileged communication from or relating to a patient except when otherwise required or permitted by law;

(14) improper management of medical records, including failure to maintain adequate medical records, to comply with a patient's request made under section 144.335 or to furnish a medical record or report required by law;

(15) accepting, paying, or promising to pay a part of a fee in exchange for patient referrals;

(16) engaging in abusive or fraudulent billing practices, including violations of the federal Medicare and Medicaid laws or state medical assistance laws;

(17) becoming addicted or habituated to a drug or intoxicant;

(18) prescribing a drug for other than medically accepted therapeutic or experimental or investigative purposes authorized by a state or federal agency;

(19) engaging in sexual conduct with a patient or conduct that may reasonably be interpreted by the patient as sexual, or in verbal behavior which is seductive or sexually demeaning to a patient;

(20) failure to make reports as required by section 153.24 or to cooperate with an investigation of the board as required by section 153.20;

(21) knowingly providing false or misleading information that is directly related to the care of that patient unless done for an accepted therapeutic purpose such as the administration of a placebo.

Subd. 2. Evidence. In disciplinary actions alleging a violation of subdivision 1, clause (3) or (4), a copy of the judgment or proceeding under the seal of the court

administrator or of the administrative agency that entered the same is admissible into evidence without further authentication and constitutes prima facie evidence of the contents of that judgment or proceeding.

There is no fee for submitting complaints. Complainants may obtain a complaint form from the website, request a complaint packet by calling the office, or may submit their complaints in writing (without an official form). The complaint process commences when the complaint is received, but may take some time, depending upon the nature of the complaint. Disciplinary actions by the board are public information and are available to the public. All other information related to the complaint process is not public.

If a complaint or other information obtained by the Board indicates that a licensee may have violated a statute or rule that the Board has authority to enforce, the Committee may request the licensee's written response to the allegations, may refer the matter to the Attorney general's Office for investigation and/or may schedule a conference with the licensee to discuss the allegations.

The CRC may refer inquiries and complaints to other investigative, regulatory or assisting agencies such as the DEA or Medicare Fraud Unit.

It is important to respond to complainants and agency reports by informing them of action taken to resolve their complaints while observing provisions of the data practices act regarding the legal status of data obtained during the course of an investigation or disciplinary proceeding are important.

National Board of Podiatric Medical Examiners

The mission of the NBPME is to develop and administer examinations of such high quality that the various legal agencies governing the practice of podiatric medicine may choose to license those who have successfully completed such examinations for practice in their jurisdictions without further examination. Minnesota licensure requires passage of Part I and Part II of the National Board administered by NBPME.

Minnesota doctors of podiatric medicine are leaders in setting the national standards for competency. Two of the thirteen members of the National Board of Podiatric Examiners are Minnesota licensees - Mindy Benton, D.P.M. who serves as the elected

NBPME President and Russell Sticha , D.P.M., Alexandria, recently elected to a three year board term.

Council of Health Boards

The Board of Podiatric Medicine is a member of the 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 in July 1, 2001 when Minnesota Statutes §215.025 was enacted. Minnesota Statutes §214.025 reads: "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".

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 professional's 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.

Prescription Monitoring Program

The Prescription Monitoring Program (PMP)was created in 2007in Minnesota Statutes §152.126 to promote public health and welfare by detecting diversion, abuse, and misuse for the prescription medications classified as controlled substances under the Minnesota statutes.

The PMP is not funded through General Fund tax revenues. Instead, it is funded through the licensing fees collected by the Board of Pharmacy and by the boards that license healthcare professionals who are authorized by law to prescribe controlled substances, including the Board of Podiatric Medicine.

This section of statutes required the Minnesota Board of Pharmacy to establish an electronic system for the reporting of schedule II, III and IV controlled substance prescriptions dispensed to residents of the state. They were directed to form a Prescription Electronic Reporting Advisory Committee which the Board is a member of.

COMPLAINT PROCESS PROMPTNESS AND EFFECTIVENESS

	Number of Complaints Received In Biennium Ending June 30:	Number of Complaints Closed in Biennium Ending June 30:
2011	14	9
2010	10	7
2009	9	10
2008	10	11
2007	9	9
2006	13	19

EFFICIENCIES AND EFFECTIVENESS WITH WHICH THE AGENCY OR THE ADVISORY COMMITTEE OPERATES

ADMINISTRATIVE SERVICE UNIT RECOGNIZED NATIONALLY FOR OCCUPATIONAL GOVERNANCE

In 1995 the Health Licensing Boards voluntarily and informally created the Administrative Services Unit (ASU) which was statutorily formalized in 2011 (Minnesota Statutes Chapter 214.07). ASU was formed to increase efficiencies among the Boards in performing their duties.

Administrative Services Unit (ASU) 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.

The Executive Directors hold monthly meetings of the Executive Director's Forum. The HLB's governance model reflects an elected Chair, Vice-Chair who serves as chair of the Management Committee, Policy Committee and IT Working Group.
Each Committee is comprised of one small, medium and large Board member.
An Office Manager also serves on the Management Committee.

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

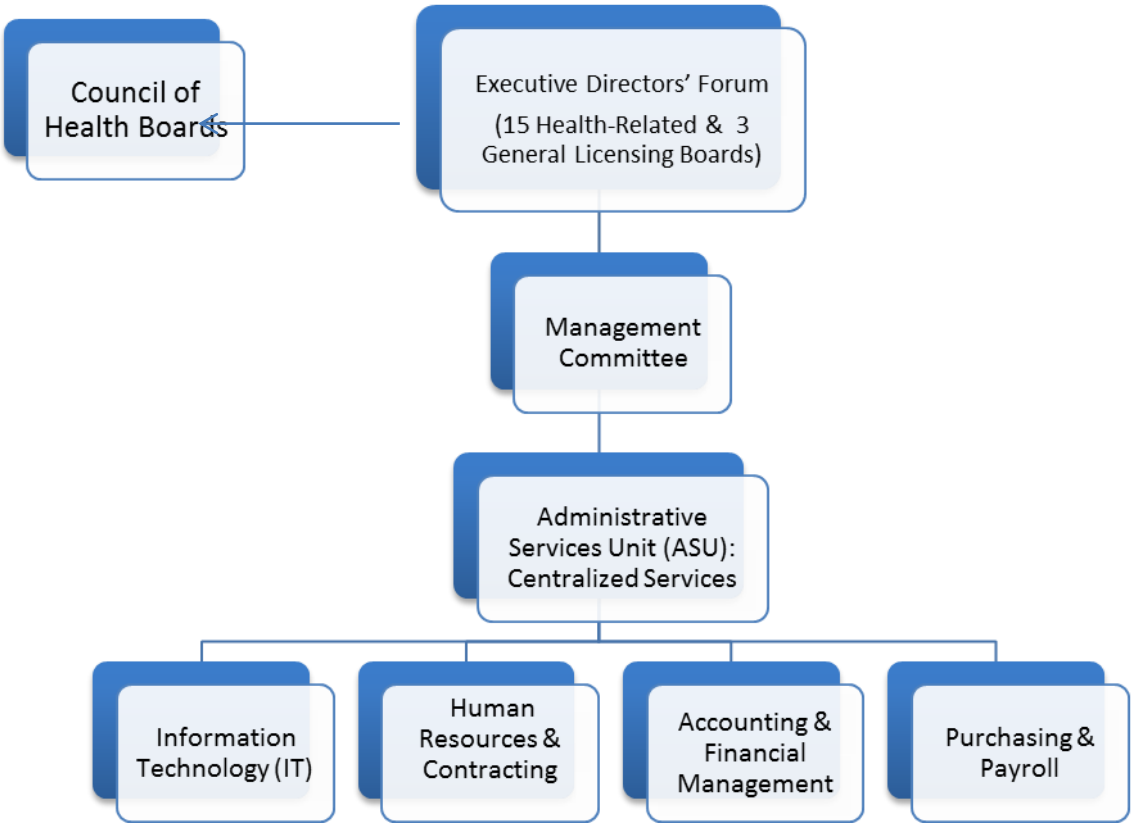
The functions of the policy committee have been to make recommendations to the Executive Directors Forum on issues relating to public policy. The responsibilities of the committee have included the following:

- 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.

Duplication or overlap was addressed as a partner in ASU.



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.

• 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.	• 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	•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

Our offices are co-located at 2829 University Ave SE in Minneapolis. The Department of Administration recently negotiated a seven-year lease that reduced our lease payments. The HLB's jointly lease and share three conference rooms and share a centralized mail room and several large printers. Boards receive monthly invoices for copying costs incurred.

CONFLICT OF INTEREST

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.

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 Podiatric Medicine 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. All open meeting laws are observed and followed by the Board without exception.

FEES AND FUNDING

The Board is entirely fee supported and receives no General Fund dollars. The Board is responsible for collecting sufficient revenue from fees to cover both direct and indirect expenditures, which is deposited as non-dedicated revenue into the State Government Special Revenue Fund (SGSRF). The Board has not raised its fees since 1999.

Board fees are authorized in 6900.0250 and are as follows:

6900.0250 FEES.

Subpart 1. **Amounts.** The amount of fees may be set by the board with the approval of the Department of Finance up to the limits provided in this subpart depending upon the total amount required to sustain board operations under Minnesota Statutes, section 16A.1285, subdivision 2. Information about fees in effect at any time is available from the board office. The maximum amount of fees are:

A. application for licensure, $600;
B. renewal license, $600;
C. late renewal fee, $100;
D. temporary permit, $250;
E. duplicate license or duplicate renewal certificate, $10;
F. reinstatement, $650;
G. exam administration to persons who have not applied for a license or permit, $50;
H. fee for verification of licensure, $30; and
I. miscellaneous fee:
    (1) labels, $25;
    (2) list of licensees, $25; and
    (3) copies, 25 cents per page.

Subp. 2. Requirements. Fees must be paid in United States money and are not refundable.

Six year funding history reflecting 100% fees:

The Board has not increased it fees since 1999. Board members were committed to operating efficiently, knowing the funds would be placed in a surplus account for costly future contested disciplinary actions and to delay fee increases.

Economic factors include the continued transfer of the Board's accumulated funds, from the State Government Special Fund to the General Fund. These actions deplete the board of necessary resources for future costly contested cases, required for the public safety of the citizens of Minnesota - $30,000 has been transferred recently to the General Fund

The fluctuation of revenues in the biennium exists because there is not an even number of DPM licenses due each year.

2011 - $92,803
2010 - $95,858
2009 - $89,291
2008 - $91,061
2007 - $79,475
2006 - $84,429

Direct expenditures include salaries, rent and other operating expenditures. The board receives a direct appropriation for these costs. Indirect expenditures 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.

.

Agency Compliance with State & Federal Laws Regarding Employment, Privacy Rights Purchasing Guidelines

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 assistant 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. 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 responds to all applicable State surveys regarding equal opportunity /affirmative action, including an Annual ADA Survey.

RULEMAKING

The Board last promulgated rules in 1999. The Board and the Attorney General Office routinely review and evaluate the current Rules. There has been no request by the public or the licensees to engage in the promulgation of additional or revision of rules.

PRIORITY BASED BUDGET

The Minnesota Board of Podiatric Medicine has only one program which revolves around licensure and disciplinary actions, making it difficult to prioritize one or the other.

A reduced appropriation should reflect lower fees paid by the licensees, resulting in reduced regulatory activity and service to the citizens of Minnesota and DPM licensees thus, compromising public protection and safety.

The Board website link is located below:

www.podiatricmedicine.state.mn.us.