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Health

health.state.mn.us/

AT A GLANCE

The Minnesota Department of Health (MDH) is the state's lead public health agency using the best scientific data and methods available to prevent illness, disease incidence, and injury, implement strategies to improve the availability and quality of health care, and help ensure the every community has an opportunity to be healthy.

- Manage an annual budget of over $500 million
- Provide oversight for over $325 million in outgoing grants to 500 unique grantees across the state
- Maintain a highly skilled workforce of over 1,500 employees including doctors, nurses, health educators, biologists, chemists, epidemiologists, and engineers
- Work collaboratively with nearly 50 local public health agencies in every county, multiple cities as well as 11 sovereign tribal governments
- Successfully meet rigorous standards set by the Public Health Accreditation Board
- Operate regional offices in Bemidji, Fergus Falls, Mankato, Marshall, Rochester, and St. Cloud

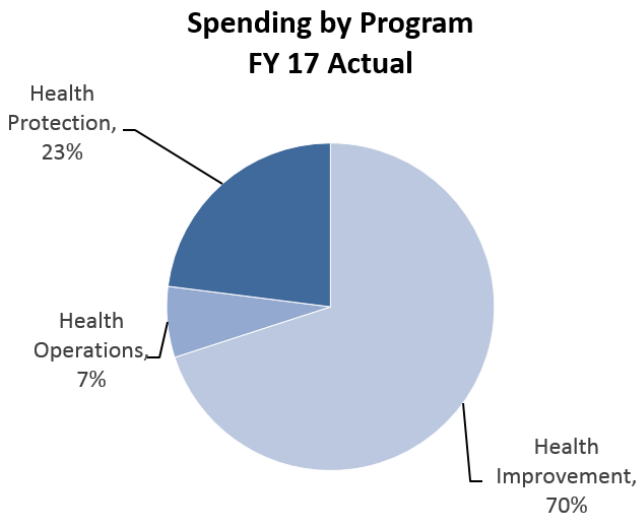
PURPOSE

The Minnesota Department of Health's (MDH) mission is to protect, maintain, and improve the health of all Minnesotans. MDH is responsible for operating programs that prevent infectious and chronic diseases, while promoting and ensuring clean water and air, safe food, quality health care, and healthy living. The department works to improve the health of all communities in the state by incorporating the best evidence and health equity considerations into our decisions or activities.

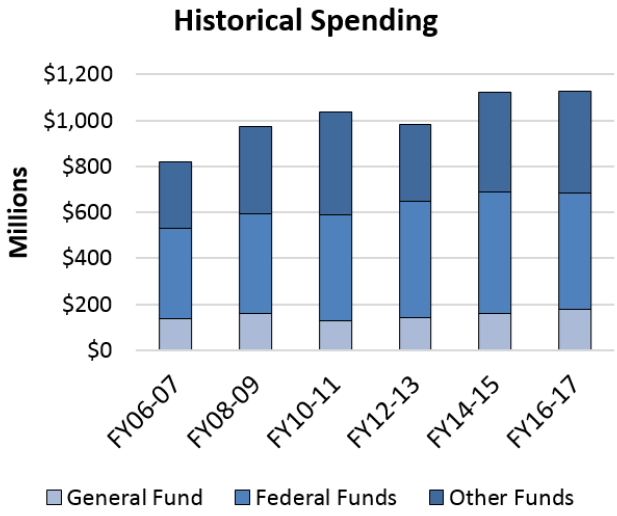
MDH carries out its mission in close partnership with nearly 50 city and county public health departments, 11 Anashinaabe and Dakota tribal governments, the federal government, and many health-related organizations. The department recognizes the strong connection between overall population health and a wide range of government policies from economic development to education to transportation. MDH's work impacts several of the state's strategic goals:

- **All Minnesotans have optimal health**— we work with public health organizations and health care providers to reduce the incidence of chronic disease and to identify, investigate, and stop infectious disease outbreaks from spreading.
- **Strong and stable families and communities**—we provide funding, technical assistance and guidance to local governments and community-based organizations to create healthier families and communities.
- **People in Minnesota are safe**—we work to reduce the incidence of deaths due to suicide and drug or alcohol addiction.
- **Older and vulnerable Minnesotans are protected from harm**—we provide a timely response and investigation into every allegation of abuse and maltreatment against vulnerable Minnesotans receiving care in a health care facility subject to state or federal regulations.
- **A clean, healthy environment with sustainable uses of natural resources**—we monitor and ensure that indoor air and drinking water quality meet Minnesota's high standards.
- **Minnesotans have the education and skills needed to achieve their goals**—we partner with the departments of education and human services to ensure our youngest Minnesotans get a healthy start through family home visiting, healthy nutrition and opportunity for physical activity.
- **Efficient and accountable government services**—we strive for transparency, effectiveness and efficiency in our service delivery and administration of the public's funds.

BUDGET



Source: BPAS



Source: Consolidated Fund Statement

STRATEGIES

The MDH vision is one of health equity, meaning a state in which all communities are thriving and all people have what they need to be healthy. While Minnesota ranks as one of the healthiest states in the nation, a 2014 MDH report found significant and persistent disparities in health outcomes. The report found these disparate outcomes exist because the opportunity to be healthy is not equally available everywhere for everyone in the state. Furthermore, these disparities have a negative impact on the health of all Minnesotans, preventing all Minnesotans from achieving their full health potential. This is why MDH has made advancing health equity a major priority. Improving the health of those experiencing the greatest inequities will result in improved health outcomes for all.

In addition, our key strategies for protecting, maintaining, and improving Minnesotans' health include:

- Maintaining a nation-leading position in disease investigation and response, environmental health protection, and laboratory science;
- Reinforcing our partnerships with the state's local public health organizations to ensure a strong public health infrastructure in all corners of the state; and
- Working with cross-sector partners to change policies and practices at the community level to support greater opportunities for promoting health and reducing risks, both to improve the health of the population and to reduce future health care costs.

The Department of Health is governed by a number of statutes. Most sections governing department activities are
M.S. Chapters 144 (https://www.revisor.mn.gov/statutes/?id=144)
M.S. Chapters 145 (https://www.revisor.mn.gov/statutes/?id=145)
M.S. Chapter 145A (https://www.revisor.mn.gov/statutes/?id=145A)
M.S. Chapters 62J. (https://www.revisor.mn.gov/statutes/?id=62j)
Each activity narrative lists additional relevant statutes.
State's strategic goals (https://mn.gov/mmb/mn-dashboard/)
2014 MDH report, "Advancing Health Equity in Minnesota: Report to the Legislature"
(http://www.health.state.mn.us/divs/che/reports/ahe_leg_report_020114.pdf)

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Expenditures by Fund								
1000 - General	85,043	94,409	99,274	109,920	115,159	116,213	138,052	141,111
1100 - Medical Education & Research	79,942	78,841	79,006	79,450	78,991	78,991	78,991	78,991
1200 - State Government Special Rev	49,354	49,310	53,552	54,362	54,229	54,566	59,030	61,914
2000 - Restrict Misc Special Revenue	6,949	6,881	5,309	9,303	3,209	3,107	5,470	3,107
2001 - Other Misc Special Revenue	46,495	46,011	43,595	53,203	51,435	52,898	51,435	52,898
2050 - Environment & Natural Resources				1,000				
2302 - Clean Water	5,460	4,716	4,653	6,353			6,872	6,872
2360 - Health Care Access	33,496	37,212	35,707	41,181	36,858	36,258	37,510	36,607
2365 - Opioid Stewardship							6,000	9,251
2403 - Gift	27	13	42	55	8	8	8	8
2800 - Environmental	640	875	645	843	746	746	746	746
2801 - Remediation	213	298	240	272	257	257	257	257
3000 - Federal	238,604	241,652	248,307	269,228	256,813	250,983	256,813	250,983
3001 - Federal TANF	8,867	13,829	11,282	11,713	11,713	11,713	11,713	11,713
8201 - Drinking Water Revolving	636	595	477	796	678	678	678	678
Total	**555,724**	**574,642**	**582,088**	**637,679**	**610,096**	**606,418**	**653,575**	**655,136**
Biennial Change				89,402		(3,253)		88,944
Biennial % Change				8		(0)		7
Governor's Change from Base								92,197
Governor's % Change from Base								8
Expenditures by Program								
Health Improvement	393,729	400,432	405,814	429,709	418,995	414,407	437,317	434,987
Health Protection	123,466	134,549	135,907	161,952	145,597	146,022	169,737	173,031
Health Operations	38,529	39,660	40,368	46,018	45,504	45,989	46,521	47,118
Total	**555,724**	**574,642**	**582,088**	**637,679**	**610,096**	**606,418**	**653,575**	**655,136**
Expenditures by Category								
Compensation	127,104	137,021	142,277	149,915	144,697	143,108	157,545	162,297
Operating Expenses	99,702	103,630	106,224	144,310	123,297	121,932	139,698	135,636
Grants, Aids and Subsidies	322,187	325,665	325,834	335,249	334,367	334,044	348,597	349,869
Capital Outlay-Real Property	1,851	2,783	728	2,126	1,668	1,567	1,668	1,567

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Other Financial Transaction	4,879	5,543	7,025	6,079	6,067	5,767	6,067	5,767
Total	**555,724**	**574,642**	**582,088**	**637,679**	**610,096**	**606,418**	**653,575**	**655,136**
Total Agency Expenditures	555,724	574,642	582,088	637,679	610,096	606,418	653,575	655,136
Internal Billing Expenditures	27,221	27,236	33,746	37,319	33,264	32,490	33,291	32,497
Expenditures Less Internal Billing	**528,502**	**547,406**	**548,343**	**600,360**	**576,832**	**573,928**	**620,284**	**622,639**
Full-Time Equivalents	**1,391.47**	**1,473.61**	**1,484.81**	**1,556.16**	**1,434.32**	**1,422.40**	**1,567.15**	**1,623.33**

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
1000 - General								
Balance Forward In	836	5,407	7	4,740				
Direct Appropriation	89,472	91,414	111,723	105,327	115,306	116,360	138,199	141,258
Transfers In	1,248	2,213	1,490	2,352	2,601	3,605	2,601	3,605
Transfers Out	1,173	3,388	9,142	2,499	2,748	3,752	2,748	3,752
Cancellations	213	1,230	65					
Balance Forward Out	5,127	7	4,740					
Expenditures	**85,043**	**94,409**	**99,274**	**109,920**	**115,159**	**116,213**	**138,052**	**141,111**
Biennial Change in Expenditures				29,742		22,178		69,969
Biennial % Change in Expenditures				17		11		33
Governor's Change from Base								47,791
Governor's % Change from Base								21
Full-Time Equivalents	143.63	142.08	133.26	153.33	146.77	147.31	204.92	251.26

1100 - Medical Education & Research								
Balance Forward In	1,282	188	651	635	176	176	176	176
Receipts	75,054	75,054	78,991	78,991	78,991	78,991	78,991	78,991
Transfers In	3,788	4,248	157	150	150	150	150	150
Transfers Out			157	150	150	150	150	150
Balance Forward Out	181	649	635	176	176	176	176	176
Expenditures	**79,942**	**78,841**	**79,006**	**79,450**	**78,991**	**78,991**	**78,991**	**78,991**
Biennial Change in Expenditures				(327)		(474)		(474)
Biennial % Change in Expenditures				(0)		(0)		(0)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents			1.35	2.15	0.75	0.88	0.75	0.88

1200 - State Government Special Rev								
Balance Forward In	8	5,800	28	254				
Direct Appropriation	53,920	52,594	53,607	54,185	54,306	54,643	59,662	61,914
Open Appropriation			249					
Transfers In	611	610	592	118				
Transfers Out	688	687	669	195	77	77	632	0
Cancellations		8,980						

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Balance Forward Out	4,497	27	255					
Expenditures	**49,354**	**49,310**	**53,552**	**54,362**	**54,229**	**54,566**	**59,030**	**61,914**
Biennial Change in Expenditures				9,250		881		13,030
Biennial % Change in Expenditures				9		1		12
Governor's Change from Base								12,149
Governor's % Change from Base								11
Full-Time Equivalents	290.97	299.40	303.87	298.16	299.14	298.07	332.67	352.46

2000 - Restrict Misc Special Revenue

Balance Forward In	7,915	6,375	7,258	5,892	361	284	361	284
Direct Appropriation	3,937	3,937						
Receipts	5,472	4,591	2,547	2,594	1,968	1,969	3,597	1,969
Transfers In	1,624	1,721	1,440	1,178	1,164	1,164	1,796	1,164
Transfers Out	3,788	4,315						
Net Loan Activity	(1,995)	237	(44)					
Balance Forward Out	6,216	5,666	5,891	361	284	310	284	310
Expenditures	**6,949**	**6,881**	**5,309**	**9,303**	**3,209**	**3,107**	**5,470**	**3,107**
Biennial Change in Expenditures				782		(8,296)		(6,035)
Biennial % Change in Expenditures				6		(57)		(41)
Governor's Change from Base								2,261
Governor's % Change from Base								36
Full-Time Equivalents	26.91	22.64	15.13	20.33	12.91	12.21	12.91	12.21

2001 - Other Misc Special Revenue

Balance Forward In	15,201	11,780	7,780	10,308	8,629	7,976	8,629	7,976
Receipts	39,985	40,865	41,125	51,524	50,782	52,245	50,782	52,245
Internal Billing Receipts	24,812	25,410	29,463	34,231	35,258	36,315	35,258	36,315
Transfers In	4,542	4,909	10,104	5,564	700	700	700	700
Transfers Out	4,363	4,909	5,104	5,564	700	700	700	700
Balance Forward Out	8,870	6,634	10,309	8,629	7,976	7,323	7,976	7,323
Expenditures	**46,495**	**46,011**	**43,595**	**53,203**	**51,435**	**52,898**	**51,435**	**52,898**
Biennial Change in Expenditures				4,293		7,535		7,535
Biennial % Change in Expenditures				5		8		8

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	337.34	352.36	351.83	356.78	324.05	323.22	324.05	323.22

2050 - Environment & Natural Resources

Direct Appropriation				1,000	0	0	0	0
Expenditures				**1,000**				
Biennial Change in Expenditures				1,000		(1,000)		(1,000)
Biennial % Change in Expenditures								
Governor's Change from Base								0
Governor's % Change from Base								

2302 - Clean Water

Balance Forward In	3,209	1,770	1,110	1,246				
Direct Appropriation	3,913	3,812	4,787	5,107	0	0	6,872	6,872
Transfers In	150	150	150	150				
Transfers Out	150	150	150	150				
Cancellations	107	8						
Balance Forward Out	1,555	857	1,244					
Expenditures	**5,460**	**4,716**	**4,653**	**6,353**			**6,872**	**6,872**
Biennial Change in Expenditures				830		(11,006)		2,738
Biennial % Change in Expenditures				8		(100)		25
Governor's Change from Base								13,744
Governor's % Change from Base								
Full-Time Equivalents	28.83	26.83	26.18	31.24			31.14	31.14

2360 - Health Care Access

Balance Forward In	8,005	8,348	3,904	4,923				
Direct Appropriation	33,987	35,456	36,643	36,258	36,858	36,258	37,510	36,607
Open Appropriation			98					
Transfers In	2,865	2,865	67	68	68	68	68	68
Transfers Out	3,365	3,465	67	68	68	68	68	68
Cancellations	2,209	2,197	15					

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Balance Forward Out	5,786	3,794	4,923					
Expenditures	**33,496**	**37,212**	**35,707**	**41,181**	**36,858**	**36,258**	**37,510**	**36,607**
Biennial Change in Expenditures				6,179		(3,772)		(2,771)
Biennial % Change in Expenditures				9		(5)		(4)
Governor's Change from Base								1,001
Governor's % Change from Base								1
Full-Time Equivalents	62.98	67.77	66.64	76.25	76.34	76.34	78.35	79.79

2365 - Opioid Stewardship

Direct Appropriation							6,000	9,251
Expenditures							**6,000**	**9,251**
Biennial Change in Expenditures				0		0		15,251
Biennial % Change in Expenditures								
Governor's Change from Base								15,251
Governor's % Change from Base								
Full-Time Equivalents							8.00	8.00

2403 - Gift

Balance Forward In	151	135	144	123	71	66	71	66
Receipts	8	21	22	3	3	3	3	3
Transfers In	1	9						
Transfers Out	1	9						
Balance Forward Out	132	143	124	71	66	61	66	61
Expenditures	**27**	**13**	**42**	**55**	**8**	**8**	**8**	**8**
Biennial Change in Expenditures				58		(81)		(81)
Biennial % Change in Expenditures				146		(84)		(84)
Governor's Change from Base								0
Governor's % Change from Base								0

2800 - Environmental

Balance Forward In		144		97				
Transfers In	734	734	1,253	1,258	1,258	1,258	1,258	1,258
Transfers Out			512	512	512	512	512	512
Cancellations		2						
Balance Forward Out	94		96					

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Expenditures	**640**	**875**	**645**	**843**	**746**	**746**	**746**	**746**
Biennial Change in Expenditures				(28)		4		4
Biennial % Change in Expenditures				(2)		0		0
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	5.94	5.61	4.15	3.72	3.72	3.72	3.72	3.72

2801 - Remediation

Balance Forward In		47		15				
Transfers In	252	252	255	257	257	257	257	257
Cancellations		1						
Balance Forward Out	39		15					
Expenditures	**213**	**298**	**240**	**272**	**257**	**257**	**257**	**257**
Biennial Change in Expenditures				1		2		2
Biennial % Change in Expenditures				0		0		0
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	2.33	2.23	1.96	1.96	1.96	1.96	1.96	1.96

3000 - Federal

Balance Forward In	76	1,041	936	840				
Receipts	238,627	241,596	248,211	268,388	256,813	250,983	256,813	250,983
Transfers In	3	89						
Transfers Out	3	89						
Balance Forward Out	98	980	839					
Expenditures	**238,604**	**241,652**	**248,307**	**269,228**	**256,813**	**250,983**	**256,813**	**250,983**
Biennial Change in Expenditures				37,280		(9,739)		(9,739)
Biennial % Change in Expenditures				8		(2)		(2)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	485.46	546.45	575.43	605.87	562.31	552.32	562.31	552.32

3001 - Federal TANF

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Receipts	8,867	13,829	11,282	11,713	11,713	11,713	11,713	11,713
Expenditures	**8,867**	**13,829**	**11,282**	**11,713**	**11,713**	**11,713**	**11,713**	**11,713**
Biennial Change in Expenditures				299		431		431
Biennial % Change in Expenditures				1		2		2
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	2.25	4.21	2.11	2.11	2.11	2.11	2.11	2.11

6000 - Miscellaneous Agency

Receipts	60	67	67	67	67	67	67	67
Transfers Out	60	67	67	67	67	67	67	67

8201 - Drinking Water Revolving

Balance Forward In	87			118				
Receipts	632							
Transfers In		595	595	678	678	678	678	678
Balance Forward Out	84		118					
Expenditures	**636**	**595**	**477**	**796**	**678**	**678**	**678**	**678**
Biennial Change in Expenditures				42		83		83
Biennial % Change in Expenditures				3		7		7
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	4.83	4.03	2.90	4.26	4.26	4.26	4.26	4.26

(Dollars in Thousands)

	FY19	FY20	FY21	Biennium 2020-21
Direct				
Fund: 1000 - General				
FY2019 Appropriations	**105,327**	**105,327**	**105,327**	**210,654**
Base Adjustments				
All Other One-Time Appropriations		(894)	(894)	(1,788)
Current Law Base Change		10,871	11,875	22,746
Pension Allocation		52	52	104
Approved Transfer Between Appropriation		0	0	0
Biennial Appropriations		(50)		(50)
Forecast Base	**105,327**	**115,306**	**116,360**	**231,666**
Change Items				
Vulnerable Adult Protection - Current Program Improvements		7,438	4,302	11,740
Vulnerable Adults - Regulatory Reforms and Enhanced Protections		2,432	8,114	10,546
Public Health Laboratory Equipment		840	655	1,495
Comprehensive Suicide Prevention		3,929	3,929	7,858
Statewide Tobacco Cessation Quitline		1,663	2,878	4,541
Maintaining and Improving Provider Network Adequacy Reviews		231	231	462
Operating Adjustment		1,360	1,789	3,149
Community Solutions Fund		2,000		2,000
Family Planning Special Projects		3,000	3,000	6,000
Total Governor's Recommendations	**105,327**	**138,199**	**141,258**	**279,457**
Fund: 1200 - State Government Special Rev				
FY2019 Appropriations	**54,185**	**54,185**	**54,185**	**108,370**
Base Adjustments				
Current Law Base Change		38	375	413
Pension Allocation		83	83	166
Approved Transfer Between Appropriation		0	0	0
Forecast Base	**54,185**	**54,306**	**54,643**	**108,949**
Change Items				
Vulnerable Adult Protection - Current Program Improvements		1,103	1,103	2,206
Vulnerable Adults - Regulatory Reforms and Enhanced Protections		632		632
Repeal Unnecessary Infection Control Law		(107)	(214)	(321)
Office of Medical Cannabis Operational Costs		813	668	1,481
Safe Drinking Water Fee Increase		2,117	4,234	6,351
Operating Adjustment		798	1,480	2,278
Total Governor's Recommendations	**54,185**	**59,662**	**61,914**	**121,576**
Fund: 2050 - Environment & Natural Resources				
FY2019 Appropriations	**1,000**	**1,000**	**1,000**	**2,000**

(Dollars in Thousands)

	FY19	FY20	FY21	Biennium 2020-21
Base Adjustments				
All Other One-Time Appropriations		(1,000)	(1,000)	(2,000)
Forecast Base	**1,000**	**0**	**0**	**0**
Total Governor's Recommendations	**1,000**	**0**	**0**	**0**
Fund: 2302 - Clean Water				
FY2019 Appropriations	**5,107**	**5,107**	**5,107**	**10,214**
Base Adjustments				
One-Time Legacy Fund Appropriations		(5,107)	(5,107)	(10,214)
Forecast Base	**5,107**	**0**	**0**	**0**
Change Items				
Groundwater Restoration and Protection Strategies (CWF)		650	650	1,300
Virus Study (CWF)		250	250	500
Private Well Protection (CWF)		850	850	1,700
Drinking Water Protection (CWF)		350	350	700
Source Water Protection (CWF)		2,747	2,747	5,494
Contaminants of Emerging Concern (CWF)		1,500	1,500	3,000
Water Reuse (CWF)		275	275	550
Well Sealing (CWF)		250	250	500
Total Governor's Recommendations	**5,107**	**6,872**	**6,872**	**13,744**
Fund: 2360 - Health Care Access				
FY2019 Appropriations	**36,258**	**36,258**	**36,258**	**72,516**
Base Adjustments				
Biennial Appropriations		600		600
Forecast Base	**36,258**	**36,858**	**36,258**	**73,116**
Change Items				
MN Health Access Survey		450		450
Operating Adjustment		202	349	551
Total Governor's Recommendations	**36,258**	**37,510**	**36,607**	**74,117**
Fund: 2365 - Opioid Stewardship				
Change Items				
Opioid and Other Drug Abuse Prevention		6,000	9,251	15,251
Total Governor's Recommendations		**6,000**	**9,251**	**15,251**
Dedicated				
Fund: 1100 - Medical Education & Research				
Planned Spending	**79,450**	**78,991**	**78,991**	**157,982**
Forecast Base	**79,450**	**78,991**	**78,991**	**157,982**

(Dollars in Thousands)

	FY19	FY20	FY21	Biennium 2020-21
Total Governor's Recommendations	**79,450**	**78,991**	**78,991**	**157,982**
Fund: 2000 - Restrict Misc Special Revenue				
Planned Spending	**9,303**	**3,209**	**3,107**	**6,316**
Forecast Base	**9,303**	**3,209**	**3,107**	**6,316**
Change Items				
Vulnerable Adults - Regulatory Reforms and Enhanced Protections		2,261		2,261
Total Governor's Recommendations	**9,303**	**5,470**	**3,107**	**8,577**
Fund: 2001 - Other Misc Special Revenue				
Planned Spending	**53,203**	**51,435**	**52,898**	**104,333**
Forecast Base	**53,203**	**51,435**	**52,898**	**104,333**
Total Governor's Recommendations	**53,203**	**51,435**	**52,898**	**104,333**
Fund: 2403 - Gift				
Planned Spending	**55**	**8**	**8**	**16**
Forecast Base	**55**	**8**	**8**	**16**
Total Governor's Recommendations	**55**	**8**	**8**	**16**
Fund: 3000 - Federal				
Planned Spending	**269,228**	**256,813**	**250,983**	**507,796**
Forecast Base	**269,228**	**256,813**	**250,983**	**507,796**
Total Governor's Recommendations	**269,228**	**256,813**	**250,983**	**507,796**
Fund: 3001 - Federal TANF				
Planned Spending	**11,713**	**11,713**	**11,713**	**23,426**
Forecast Base	**11,713**	**11,713**	**11,713**	**23,426**
Total Governor's Recommendations	**11,713**	**11,713**	**11,713**	**23,426**
Fund: 8201 - Drinking Water Revolving				
Planned Spending	**796**	**678**	**678**	**1,356**
Forecast Base	**796**	**678**	**678**	**1,356**
Total Governor's Recommendations	**796**	**678**	**678**	**1,356**
Revenue Change Summary				
Dedicated				
Fund: 1100 - Medical Education & Research				
Forecast Revenues	**78,991**	**78,991**	**78,991**	**157,982**
Total Governor's Recommendations	**78,991**	**78,991**	**78,991**	**157,982**

(Dollars in Thousands)

	FY19	FY20	FY21	Biennium 2020-21
Fund: 2000 - Restrict Misc Special Revenue				
Forecast Revenues	**2,594**	**1,968**	**1,969**	**3,937**
Change Items				
Vulnerable Adults - Regulatory Reforms and Enhanced Protections		1,629		1,629
Total Governor's Recommendations	**2,594**	**3,597**	**1,969**	**5,566**
Fund: 2001 - Other Misc Special Revenue				
Forecast Revenues	**51,524**	**50,782**	**52,245**	**103,027**
Total Governor's Recommendations	**51,524**	**50,782**	**52,245**	**103,027**
Fund: 2403 - Gift				
Forecast Revenues	**3**	**3**	**3**	**6**
Total Governor's Recommendations	**3**	**3**	**3**	**6**
Fund: 3000 - Federal				
Forecast Revenues	**268,388**	**256,813**	**250,983**	**507,796**
Total Governor's Recommendations	**268,388**	**256,813**	**250,983**	**507,796**
Fund: 3001 - Federal TANF				
Forecast Revenues	**11,713**	**11,713**	**11,713**	**23,426**
Total Governor's Recommendations	**11,713**	**11,713**	**11,713**	**23,426**
Fund: 6000 - Miscellaneous Agency				
Forecast Revenues	**67**	**67**	**67**	**134**
Total Governor's Recommendations	**67**	**67**	**67**	**134**
Non-Dedicated				
Fund: 1000 - General				
Forecast Revenues	**1,625**	**1,625**	**1,625**	**3,250**
Total Governor's Recommendations	**1,625**	**1,625**	**1,625**	**3,250**
Fund: 1200 - State Government Special Rev				
Forecast Revenues	**52,014**	**52,642**	**52,809**	**105,451**
Change Items				
Safe Drinking Water Fee Increase		2,117	4,234	6,351
Total Governor's Recommendations	**52,014**	**54,759**	**57,043**	**111,802**

Change Item Title: Vulnerable Adult Protection—Current Operations Improvements

Fiscal Impact ($000s)	FY 2020	FY 2021	FY 2022	FY 2023
Department of Health				
General Fund				
Expenditures	7,438	4,302	5,800	5,369
Revenues	0	0	0	0
State Government Special Revenue				
Expenditures	1,103	1,103	0	0
Revenues	0	0	0	0
Department of Human Services				
General Fund				
Expenditures	1,093	0	218	218
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	9,634	5,405	6,018	5,587
FTEs	**39**	**38**	**30**	**30**

Recommendation:

The Governor recommends funding from the General Fund and State Government Special Revenue fund (SGSR) for the Minnesota Department of Health (MDH) and the Department of Human Services (DHS) to continue necessary current operations improvements to the regulatory activities, systems, analysis, reporting, and communications that contribute to the health, safety, care quality, and abuse prevention for vulnerable adults in Minnesota.

Rationale/Background:

Two sets of recommendations were released in early 2018, one from the Office of the Legislative Auditor and one from Governor Dayton's Elder Abuse Prevention workgroup, on how specific programs within the Health Regulation Division (HRD) should implement new systems, staffing, processes and reporting practices that would contribute to the health, safety, and quality assurance of care at healthcare facilities for vulnerable adults.

The recommendations identified and addressed concerns over the rise in maltreatment allegations in Minnesota; the inability of certain programs at MDH to meet statutory requirements; outdated processes and IT systems; and inadequate staffing and funding to ensure timely notifications in addition to the analysis, reporting, and communications activities that support stronger public transparency, accountability, and engagement.

Proposal:

This proposal takes a comprehensive, division-wide approach to vulnerable adult health, safety, care quality, and abuse prevention and focuses on four components: regulatory capacity, case management, data analysis and reporting, and communications and engagement.

The proposal drives more efficient management of existing financial resources and increases the capacity of subject matter experts within MDH and partner agencies to implement needed changes. It identifies opportunities for cross-agency systems partnership and builds on existing IT systems and data reporting to inform enhancements. This proposal stabilizes necessary funding for program activities and IT systems that respond to stakeholder service expectations and regulatory requirements. It also creates a new business intelligence capacity that supports robust cross-agency data analysis, reporting, and stakeholder communications that vulnerable

adults and their families request and the Office of Legislative Auditor recommended. Additional request details are described below:

1. **Regulatory capacity** – Funding increases and program improvements are needed to better meet state and federal statutory requirements. This component includes needed funding for licensing, certification, investigations, and inspections.
    a. **State and federal regulatory work requirements**, including increased complaints activity. Federal cost participation in MDH regulatory work varies according to the type of work and the type of facility and is based on standards and guidance set by the Centers for Medicare and Medicaid Services (CMS). CMS reimbursement requires a financial match from state funds to equitably share costs. This proposal will increase available General Fund resources for the required state match for Health Care Facility Licensing and Certification work by $3 million each year, beginning in FY 2020. Of the $3 million annual request, $2.4 million per year is for state licensing activities and $0.6 million per year is for the required state match for Medicaid-funded work.

       Current funding for the state share is inadequate to meet the demands of our regulatory work. The number of federal complaints, especially from nursing homes, has been increasing in recent years along with the increasing number of residents in such facilities. This growth has increased the workload and the need for state matching funds. Over the past year, revisions to current cost sharing agreements with CMS were made to correctly account for state work and state financial share requirements. As a result, both the proportion of state costs and the volume of work for the state have increased, but the allocations used to pay the state financial match have not kept pace. In order for Minnesota to fully meet state and federal requirements for health care facility licensing and certification work at the required workload, a corresponding increase in allocations is needed.
    b. **Home Care and Assisted Living Program survey activities**. This proposal increases the SGSR appropriation by $1.1 million each year in the FY 2020-21 biennium for the Home Care and Assisted Living Program (HCALP) to add one additional survey team to improve the frequency of home care provider inspections. Current law requires that each provider be inspected once every three years. MDH is only able to meet this requirement with 30 percent of the providers at this time. An additional survey team, along with Continuous Improvement efforts, will significantly improve our inspection schedule. HCALP recently completed a preliminary assessment and is poised to implement recommendations that will impact performance and capacity within the program, including 40%-50% increased productivity by redesigning the work processes, eliminating duplication, and reallocating resources. This funding increase can be accommodated within existing fee revenues; no fee increase would be necessary. This funding increase is only for the FY2020-21 biennium, based on the impact that the Governor's Vulnerable Adult Regulatory Reforms proposal would have on the number of home care providers.
2. **Case Management** – HRD currently relies on a 15-year-old electronic system to manage our work around inspections, investigations, enforcement, time-reporting, and federal reimbursement creating a significant operational and financial risk for the agency. Continued use of this legacy system perpetuates an inefficient, expensive, and paper-based process and restricts the ability to innovate and gain critical efficiencies. The current system cannot store documents or manage workflow and is extremely limited in the ability to extract stored data. These limitations severely impact the ability of HRD to provide information to the public, analyze operations, coordinate state and federal activities, and forecast future needs.

   Creating a modern, centralized framework for case management that integrates existing systems and technology would mitigate the risks posed by the legacy system and further support the continuous improvement activities underway to protect vulnerable adults. The framework will be based on DHS's Social Services Information System (SSIS) for case management. It will integrate existing IT systems for electronic licensing and document management and incorporate a common entry point with the Minnesota Adult Abuse and Reporting Center (MAARC), the state's abuse allegation reporting system. The case management system

will be aligned with a public reporting website where visitors can search, sort, and compare information about providers.

a. The new, integrated **MDH case management system** would be built in two phases over four years for a total estimated cost of $ 5.0 million. The first biennium request ($3.3 million for FY 2020-21) for the new case management system will include:
   i. **Connection to DHS through SSIS for maltreatment investigation** case management
   ii. **Implementation and integration of in-house IT systems** across the division for electronic licensing and document management, with the goal to leverage existing systems and minimize unnecessary redundancy
   iii. **Development of a time-reporting module** to support federal reporting across multiple HRD programs
   iv. **Access to data and new business intelligence** gathered through the adoption of SSIS and optimized workflows of programs responsible for prevention of abuse, neglect, and maltreatment
   v. **Evaluation of the functionality of the integrated systems**, including additional needed requirements and develop a plan for optimization in Phase 2 ($2.8 million in FY 2022-23)

b. Creation of a **common entry point and functional enhancements for MAARC and nursing home self-reports** ($250,000 for 2020-21 biennium, $60,000 for the 2022-23 biennium). All reporters will start their required online reports through an updated drop-down menu on the MAARC landing page. The revised drop-down menu on the MAARC page will direct nursing home self-reports to the existing NHIR login page. This user-friendly approach will create a unified user experience with updated policy guidance, yet still ensure that required data elements and timelines are met. Improvements include more robust data collection and reporting through additional data elements and enhanced data transfer capabilities. This work will be done in collaboration with DHS.

c. Building a **public reporting website** where visitors can search, sort, and compare information about providers. ($1.6 million for 2020-21 biennium, $0.5 million annual support and maintenance thereafter)

3. **Data analysis and reporting** – Enhanced capacity to support timely notification of maltreatment complaints, respond to the growing number of complex data practices requests, and generate robust analysis and reports to drive continued improvement and public engagement. ($1.2 million for the FY2020-21 biennium)
4. **Communications and engagement** – Dedicated resources to support work groups and committees, stakeholder engagement, and develop more effective online content and other materials for key audiences. ($0.4 million biennial request)

$ in thousands	FY 2020	FY 2021	FY 2022	FY 2023
Regulatory Capacity: State Licensing	3,013	3,013	3,013	3,013
Regulatory Capacity: Home Care and Assisted Living (SGSR)	1,103	1,103		
IT: MDH Case Management System	2,220		1,600	1,169
IT: DHS Case Management System	1,093		218	218
IT: Common Entry Point for Abuse Allegation Reporting & MAARC Enhancements	175	75	30	30
IT: Reporting Website	1,077	504	447	447
Data Analysis and Reporting	744	501	501	501

Communications and Engagement	209	209	209	209
Total GF (MDH)	7,438	4,302	5,800	5,369
Total SGSR (MDH)	1,103	1,103		
Total GF (DHS)	1,093		218	218
Grand Total	**9,634**	**5,405**	**6,018**	**5,587**

Equity and Inclusion:
This proposal addresses substantial needs within HRD for modernization and capacity building that directly affect the quality and safety of services and facilities for vulnerable adults across Minnesota. To the extent that facility quality and safety affect health disparities and access to care for underserved persons and communities, including racial and ethnic groups, LGBTQ persons and populations, veterans, persons with disabilities and chronic health concerns, or other underserved communities, this proposal supports access and quality health care for all Minnesotans. Additionally, MDH, as part of its regulatory responsibilities, enforces federal and state law to ensure that facility residents are protected from discriminatory policies and practices that affect the ability of Minnesotans to receive health care.

IT Related Proposals:
This proposal makes $5.9 million in information technology improvements and upgrades over the 2020-21 biennia. The projects relate to creating the case management framework and establishing a MAARC common entry point and other website improvements.

Results:

Type of Measure	*Name of Measure*	*Previous*	*Current*	*Dates*
Quantity	Federal standard: inspect each nursing home at least once every 15.9 months	100%	100%	FFY14 FFY15
Quality	Total on-site Vulnerable Adults Act investigations completed within 60 days	40%	31%	SFY13 SFY14
Quantity	Inspect each temporary home care license within the first twelve months	100%	100%	SFY17 SFY18
Quantity	Inspect each licensed home care provider at least once every three years	29%	30%	SFY17 SFY18
Quality	Enforcement Actions (licenses denied or issued with conditions)	3	26	SFY17 SFY18

Statutory Change(s):
Minnesota statutes 144A.474, Subds. 9, 11

Change Item Title: Vulnerable Adults – Regulatory Reforms and Enhanced Protections

Fiscal Impact ($000s)	FY 2020	FY 2021	FY 2022	FY 2023
General Fund				
Expenditures	2,432	8,114	0	0
Revenues	0	0	0	0
State Government Special Revenue				
Expenditures	0	0	13,458	13,418
Revenue	0	0	13,965	13,555
Transfer Out	632	0	0	0
Special Revenue Fund				
Transfer In	632	0	0	0
Revenues	1,629	1,629	0	0
Net Fiscal Impact = (Expenditures – Revenues)	803	6,485	(507)	(137)
FTEs	**8.5**	**53**	**94**	**94**

Recommendation:

The Governor recommends funding for regulatory reforms and enhanced protections for vulnerable adults, including:

- Creating an assisted living licensure requirement that combines the licensing of home care services and housing with physical plant standards into a single license
- Adding regulatory requirements for services provided to persons with dementia through an additional certification that supplements the assisted living licensure
- Authorizing the Commissioner to immediately impose fines against providers when violations are detected during inspections and/or investigations instead of having to wait for an opportunity to correct the violation before imposing a fine
- Prohibiting deceptive marketing and false advertising

Rationale/Background:

Currently, 41,000 people live in 1,345 assisted living settings across Minnesota. The concern and the risk is that these assisted living residents have increasing care needs and live in facilities not originally designed to meet those needs. In 2014, 58% of residents in assisted living were over age 85 and 39% had dementia. Data show that residents are living and staying longer in care than ever before.

Despite this increasing need in Minnesota, regulatory protections for vulnerable adults vary based on the type of facility setting a person lives in, not their individual vulnerabilities. Specifically, current laws for Housing with Services Establishments (HWS) do not regulate the HWS physical plant of the building, the supportive services provided within, nor the people employed by the HWSs. Further, residents and families are confused by existing laws and how to enforce their rights. Residents and families need a regulatory system that is understandable, responsive, and holds providers accountable.

Home care services include assisting with: activities of daily living; managing and taking medications; providing complex skilled health care and treatments for persons who use ventilators to breathe, have feeding tubes, or require wound care; and overseeing people who need constant care and assistance because of cognitive loss from brain injuries or dementia. While many home care residents may be capable of directing their own care, a special responsibility exists to protect residents who cannot.

Proposal:

Assisted Living Licensure

This proposal establishes a new, three-tier licensing system comprised of Basic, Comprehensive, and Comprehensive-Plus licenses.

- A Basic license includes assisted livings that provide or arrange services in conjunction with the Basic Home Care license. Services include assistance with dressing, self-feeding, oral hygiene, hair care, grooming, toileting, bathing, standby assistance, medication and treatment reminders, preparing modified diets, and helping with housekeeping and laundry.
- A Comprehensive license includes assisted livings that provide or arrange services in conjunction with the Comprehensive Home Care license. Services include the services of professional nurses, occupational therapists, speech-language therapists, respiratory therapists, nutritionists, or social workers; tasks delegated to unlicensed personnel by a registered nurse (RN); medication management; hands-on assistance with transfers; assisting clients with complicated eating problems; and providing other complex and specialty care such as ventilators.
- A Comprehensive PLUS license includes all elements of the Comprehensive license, plus taking care of residents with dementia, including having a separate dementia care unit.

All three tiers of licenses include:

- License application and fees
- An annual survey
- Staffing standards
- Residency contracts, clear management agreements that identify responsible parties
- Provider disclosure requirements
- Services and housing termination appeal rights for residents
- Resident councils
- Sanctions against providers who retaliate against residents and family who complain about services provided or not provided
- Immediate fine authority
- Provisional licenses
- A complaint system to address physical plant and home care services issues

The proposal assumes a four-year implementation period.

- Year 1 (July 1, 2019 to June 30, 2020) will include expedited rulemaking to finalize and implement the standards for physical plant, environment, staffing and training, healthcare practices, and discharge rights for the new licensing system and planning. During this year MDH will begin hiring staff.
- Year 2 (July 1, 2020, to June 30, 2021) will be a transition period to prepare for the new licensing requirements. MDH will continue hiring staff, build infrastructure, conduct outreach, and prepare forms.
- Year 3 (July 1, 2021 to June 30, 2022) all existing home care licensees who provide services as an assisted living will convert to the new licensure and new applicants for licensure are required to apply under new assisted living licensure laws.
- Year 4 (July 1, 2022 to June 30, 2023) will be the first full year of licensure. The new licensure will be fully in effect for providers by July 1, 2022.

The proposal authorizes the Commissioner to impose immediate fines when a violation is noted during an onsite survey of the provider. Current law requires that the provider be given time to correct the violation before a fine is imposed. This proposal would still require the provider to correct the violation; however, the fine may be imposed on the first onsite survey. The goal is to reduce violations occurring in the first place because providers would know that with the first onsite survey, an immediate fine could be imposed. This proposal also deposits immediate fine revenue and previously collected home care assessment fines into a dedicated, special revenue

account that is appropriated to the Commissioner once an advisory council's recommendations are approved by the Commissioner.

Finally, to assist and support MDH's regulatory activities, this proposal includes resources for a continuous improvement process, a data/communications staff, IT development, and maintenance and provider training resources to help organizations "get ready" for the changes.

Dementia Care Services
This proposal requires any assisted living facility that provides care to residents with dementia in a dementia care unit to obtain a Comprehensive PLUS license, the highest tier of assisted licensure.

A Comprehensive PLUS license requires that an assisted living licensee:

- Demonstrate the ability to care for residents with dementia prior to receiving a Comprehensive PLUS license
- Train direct care staff on how to provide person-centered care to dementia residents
- Establish person-centered policies and procedures for dementia care residents
- Meet minimum physical plant standards
- Provide enhanced physical design, living environment, and safety standards for dementia care units
- Provide consumers with transparent advertising of dementia-care services
- Document that the administrator receives continuing education on caring for dementia residents
- Have dementia-trained staff conduct Comprehensive license requirements

Deceptive Marketing Practices
This proposal prohibits providers from engaging in deceptive marketing and business practices. Providers cannot make any false, fraudulent, deceptive, or misleading statements in marketing and advertising orally or in writing. This includes facilities that are licensed as HWSs, home care, boarding care homes, and nursing homes.

Equity and Inclusion:

These regulatory requirements will be consistent for all groups and will protect all groups equally.

IT Related Proposals:

This proposal makes $1.15 million in information technology improvements and upgrades over the 2020-21 and 2022-23 biennia. The projects relate to electronic corrective action plans, licensing system enhancements, and electronic workflow management.

Statutory Change(s):

- New Statute Chapter needed
- Minn. Stat. sec. 144A.43 through 144A.484 (home care services licensing)
- Minn. Stat. sec. 144.051 (home care data practices)
- Minn. Stat. sec. 144G (assisted living services)
- Minn. Stat. sec 144D (housing with services settings)

Change Item Title: Public Health Laboratory Equipment

Fiscal Impact ($000s)	FY 2020	FY 2021	FY 2022	FY 2023
General Fund				
Expenditures	840	655	0	0
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	840	655	0	0
FTEs	**0**	**0**	**0**	**0**

Recommendation:

The Governor recommends one-time funding from the General Fund in the FY 2020-2021 biennium to purchase laboratory equipment critical to the work performed at the Minnesota Department of Health (MDH) Public Health Laboratory. Funding will support essential equipment purchasing needs that cannot be funded through any other source.

Rationale/Background:

The Minnesota Department of Health Public Health Laboratory (MDH-PHL) performs critical laboratory testing to detect public health threats, including foodborne illnesses such as Salmonella, emerging infectious disease threats, rare but treatable disorders in newborns, and hazardous chemicals in the environment and in humans. Much of the testing performed at MDH-PHL is not available in other laboratories and requires the use of sophisticated facilities and instruments.

State-of-the art equipment enables the laboratory to detect extremely small amounts of chemical contaminants and more rapidly detect infectious diseases. Without advanced testing methods, we will be missing key pieces of data needed to respond to ever-changing chemical and biological threats. MDH must continuously update laboratory capital equipment to maintain the ability to detect harmful chemical compounds and radioactive substances, or novel biological threats, such as avian influenza or Ebola.

While MDH-PHL has existing capital equipment valued at approximately $10 million, there is no current budget mechanism to substantially replace obsolete instruments or to expand laboratory capability. Failure to replace aging equipment poses a risk to lab capability and readiness to respond to outbreaks and emergencies that require laboratory services. MDH-PHL currently has only a limited budget (approximately $385,000 per year) to replace existing laboratory equipment. MDH supplements this limited budget by using one-time federal or state funds, when available. On occasion, partners have provided equipment for special projects; however, this is not a reliable mechanism for obtaining critical instrumentation. Most often, federal agencies and other funders only pay for testing to be performed, not for building the capacity to do testing.

The physical laboratory facility shared by the Departments of Health and Agriculture was completed in 2005. Analytical and support equipment purchased at the time of construction is nearing the end of its projected service life. Because of advances in technology, analytical instruments currently in use by the laboratory have become outdated and have been either replaced by newer technologies or are no longer supported by vendors.

Proposal:

This proposal provides capital equipment necessary to:

- Support faster and more accurate detection of health threats to ensure MDH and state agency partners have the best scientific data and methods available to protect the health of Minnesotans.
- Replace outdated equipment that is no longer supported by the vendor and undermines the security of the state's information technology infrastructure.
- Meet increased demand from MDH programs and state agency partners for specialized laboratory testing, which has grown significantly in recent years.

Investment in newer, more sensitive and reliable technologies is needed to maintain or build capacity for critical testing in the areas of:

- **Emerging infectious diseases.** MDH-PHL uses state-of-the-art technologies to find outbreaks and detect emerging threats to our communities such as avian flu, Zika virus, and Ebola virus. We would use funding to replace our aging equipment used to perform this work allowing us to keep pace with new technologies and newly identified infectious diseases.

- **Rare but treatable disorders in newborns.** MDH-PHL screens newborns for 61 treatable disorders. Improvements to analytical methods have resulted in increased sensitivity and specificity of these tests, resulting in fewer false-negative and false-positive test results. Early identification and treatment of a newborn's rare or hidden disorder can prevent a child's illness, physical disability, developmental delay, or death. Funding would allow us to purchase capital equipment capable of performing supplemental tests that reduce the number of false-positive results and decrease the need for follow-up.

- **Chemicals in the environment.** MDH-PHL tests for chemicals of emerging concern, such as pharmaceutical compounds, hazardous chemicals, and radioactive substances, which are increasingly found in the environment. MDH-PHL in collaboration with the Environmental Health Division of MDH and the Minnesota Pollution Control Agency (MPCA) conduct studies to look at chemicals in blood and urine to detect potentially harmful contaminants, for example perfluorochemicals (PFCs), in Minnesota residents. Data from this testing helped MDH and MPCA assess the extent of residents' exposure to PFCs and design interventions to remove PFCs from drinking water. Testing for these compounds requires the use of extremely sophisticated and expensive analytical instruments, many of which are reaching the end of their service life.

Failing to replace old instruments whose software cannot be upgraded poses an IT security risk. Currently, MDH must maintain a separate IT network for older instruments so their security risks do not threaten other state activities. Maintaining a separate network is inefficient and costly.

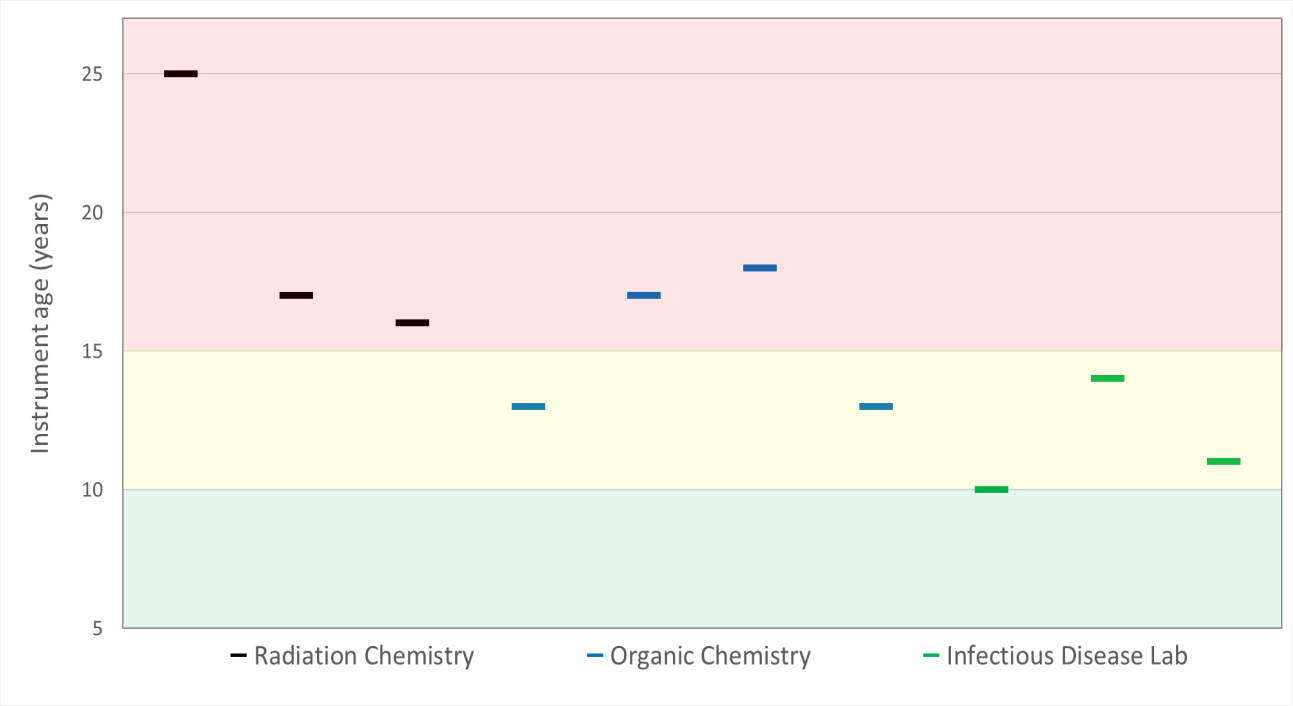
Funding will be available over four years to purchase approximately 10 instruments, ranging from a $43,000 alpha spectrometer that detects radiation from a nuclear power plant accident or deliberate act of terrorism, to a $350,000 tandem mass spectrometer for improved detection of rare disorders in newborns. A small portion of the funding will be used to replace parts of the water and air purification systems to maintain a stable environment for laboratory testing.

Results:

As laboratory equipment ages, the companies who built and serviced them are no longer able to repair the equipment. Most of our laboratory equipment has a projected service life of 10-15 years. With this budget request, we will replace equipment that is between 10-25 years old. Instruments that are more than 15 years old are considered a critical risk of failure (indicated by bars in the red area of the graph) and those between 10-15 years old are at high risk of failure (indicated by bars in the yellow area of the graph). If equipment fails and is no longer supported by the vendor, that instrument may not be able to be repaired, and we will be unable to conduct testing that utilized that instrument. For example, all of our instruments needed for radiation testing are at a critical risk of failure (the first three black bars in the top shaded area of the graph). MDH-PHL is the only

laboratory in the state that tests for radiation in drinking water; loss of this capacity would represent a serious risk to the public.

Lab Equipment Currently at or Beyond Service Life



In addition to the risk of instrument failure, old instruments are unable to detect the lower levels of chemicals that are now recognized as hazardous to health. Although MDH-PHL developed the detection and testing methods for PFCs that were used to assess health hazards in the East Metro, we are currently unable to achieve the sensitivity needed to detect these compounds at the recently revised (lowered) health-based values because of instrument limitations. Updated instruments will enable the laboratory to detect lower levels of these compounds, as well as enable detection of additional types of PFCs that may pose a hazard to health and other emerging contaminants. Likewise, because of instrument limitations, the laboratory is currently unable to analyze drinking water samples for potentially hazardous disinfectant byproducts. The laboratory has been asked to add pesticides of concern to our analytical panel, however, we are unable to comply with this request without additional instrumentation. Upgrading instrumentation will enable the laboratory to enhance our capability and capacity to address these known chemical threats, as well as be prepared to respond to emerging threats.

Investing in new equipment enables MDH-PHL to leverage additional federal funds that further enhance our ability to protect public health. For example, the laboratory's ability to detect low levels of chemical contaminants in blood and urine have enabled us to obtain federal funding to conduct additional studies. Most recently, MDH-PHL, in collaboration with the University of Minnesota, was awarded funding to act as an assessment hub for the Children's Health Exposure Assessment Resource (CHEAR) project. The project looks at chemical and non-chemical factors that may impact children's health and development.

Statutory Change(s):
N/A

Change Item Title: Opioid and Other Drug Overdose Prevention

Fiscal Impact ($000s)	FY 2020	FY 2021	FY 2022	FY 2023
Department of Health				
Opioid Stewardship Fund				
Expenditures	6,000	9,251	9,251	9,251
Revenues	0	0	0	0
MMB Non-Operating				
Health Care Access Fund				
Transfer Out	13,000	0	0	0
Opioid Stewardship Fund				
Transfer In	13,000	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	6,000	9,251	9,251	9,251
FTEs	**8**	**8**	**8**	**8**

Recommendation:

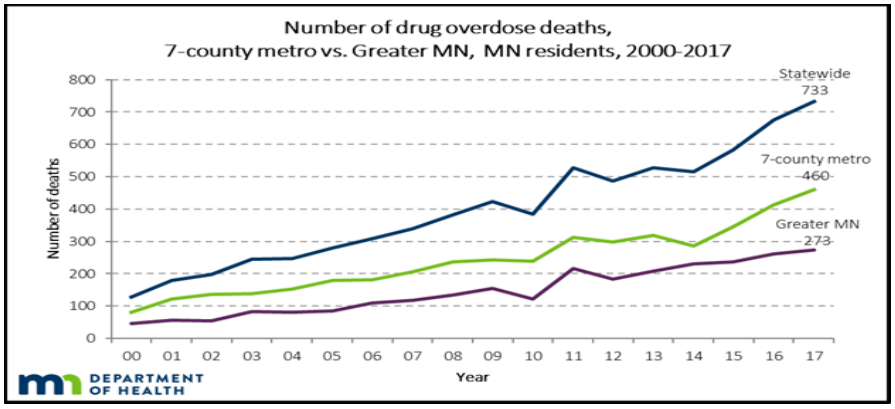
The Governor recommends funding from the Opioid Stewardship Fund for opioid and other drug overdose prevention at the Minnesota Department of Health (MDH). This proposal includes a comprehensive array of evidence-based approaches to the growing crisis of drug overdoses and drug-related deaths in Minnesota. It doubles the current number of community opioid pilot prevention projects, strengthens Tribal Prevention Programs, provides Naloxone and training for first responders across Minnesota (including State Patrol, Tribal Law Enforcement, probation and parole officers, and others), and improves local data collection and analysis.

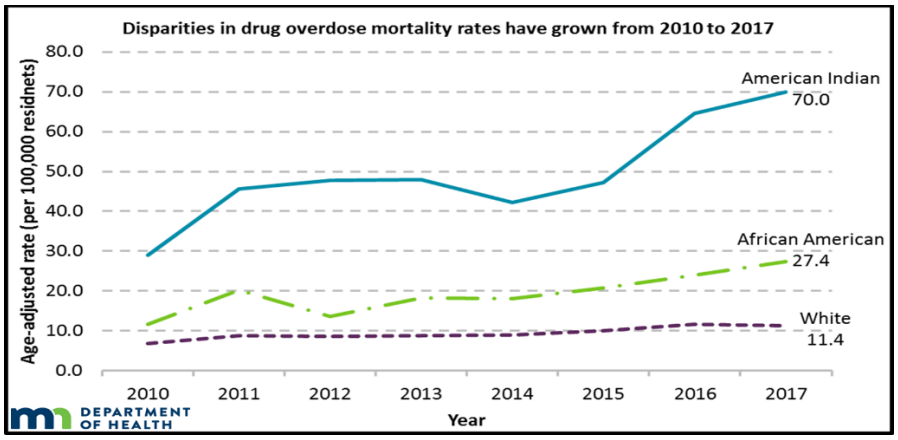
This proposal is part of a package of proposals recommended by the Governor to address rising rates of opioid use. The package of proposals is funded by new fees on opioid manufacturers, wholesalers, and entities that handle controlled substances.

The Governor also recommends a one-time transfer of $13 million from the Health Care Access Fund to the Opioid Stewardship Fund. The primary source of revenue into the Health Care Access Fund is a tax on health care providers, hospitals, surgical centers, and wholesale drug distributors. The fund supports initiatives that improve access to health care, contain health care costs, and promote public health. This transfer will provide resources to fund opioid-related programming prior to the receipt of new fee revenue.

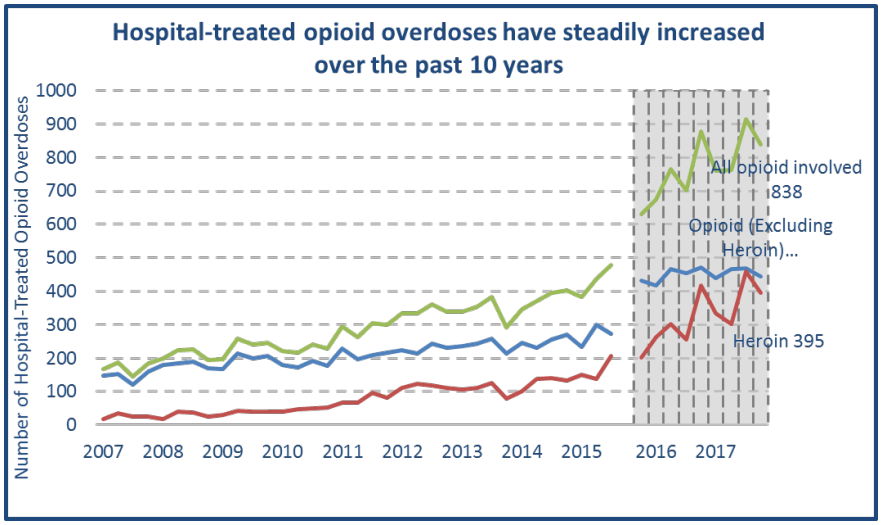
Rationale/Background:

Preliminary drug overdose data for 2017 indicates that drug overdose fatalities increased by 3% from 2016 to 2017 (rising to 733 deaths; of these, 422 were opioid-involved deaths). Overdose deaths are not equal across age groups, genders, geography, and cultures in Minnesota. The highest drug overdose rates have moved to younger age groups. Other differences persist by gender and geography (urban, rural). American Indians in Minnesota have the highest rate of drug overdose deaths (primarily opioid overdose) in the nation. In 2016, American Indians were six times more likely to die of a drug overdose than were white Minnesotans. This was the worst disparity rate in the nation. African Americans in Minnesota were 2.4 times more likely to die of a drug overdose than white Minnesotans. This was the fifth highest disparity rate ratio amongst blacks relative to whites in the nation.





Although death is the most visible outcome, increasing substance use and abuse have great impact on families, school systems, employers, law enforcement, and communities. The associated injury and violence also results in millions of dollars in hospital visits and rehabilitative drug treatment in Minnesota, according to analyses performed by MDH. Opioid-related hospital treatment (includes emergency department treatment and in-patient hospitalization) has been increasing since 2001 and has doubled since 2005. Opioid-related hospital treatment surpassed that of heart attack and stroke in 2009.



Notes: The dashed lines on the right hand side of the two graphs indicate a change in coding manuals – the trends are the same, but how cases are identified differ enough that we present them distinctly.

There is no state funding dedicated to overdose prevention. MDH has successfully competed for short-term federal funding which is being used to improve data collection and analysis in order to define the magnitude of the problem, to develop the opioid prevention dashboard (www.health.state.mn.us/opioiddashboard), and to test interventions like the employer toolkit (www.health.state.mn.us/opioidtoolkit). Projected department expenditures from all opioid-related federal awards are $1.325 million in FY 2020 and $935,000 in FY 2021.

Proposal:

This proposal includes four components:

1. Continue and expand the community-based pilot prevention projects
2. Invest in culturally-specific prevention efforts to address overdose disparities among American Indians and African Americans
3. Provide Naloxone (antidote to opioid overdose) training and medication supplies to first responders and state troopers statewide
4. Conduct community-based, drug overdose fatality review data collection and analysis

Opioid pilot projects - In 2017, MDH received a one-time General Fund appropriation of $1 million to replicate the overdose prevention efforts of St. Gabriel's Hospital in Little Falls, MN. MDH awarded funding to eight communities and tribal nations. This proposal would expand the work occurring in the first eight communities for an additional year to allow them to assess the effectiveness and sustainability of their work. The funds will also support similar drug overdose prevention grants to eight new communities for two years. Each year, the program would allow eight communities to "graduate" and eight new intervention communities would initiate prevention work. ($1.3 million in FY 20 and $2.3 million each year thereafter and 2 FTEs: one planner principal and one management analyst)

Each community implements six major activities to reduce opioid use or abuse and reduce rates of opioid addiction:

1) Establishing multidisciplinary controlled substance care teams that may consist of physicians, pharmacists, social workers, nurse care coordinators, and mental health professionals;
2) Delivering health care services and care coordination, through controlled substance care teams, to reduce the inappropriate use of opioids by patients and rates of opioid addiction;
3) Addressing any unmet social service needs that create barriers to managing pain effectively and obtaining optimal health outcomes;
4) Providing prescriber and dispenser education and assistance to reduce the inappropriate prescribing and dispensing of opioids;
5) Promoting the adoption of best practices related to opioid disposal and reducing opportunities for illegal access to opioids; and
6) Engaging partners outside of the health care system, including schools, law enforcement, and social services to address root causes of opioid abuse and addiction at the community level.

Culturally specific prevention grants – This component specifically addresses the overdose disparities in Minnesota and strives to identify and interrupt the root causes of the overdose epidemic. MDH will distribute grants to organizations working directly with urban American Indians (including the homeless), African Americans, and Minnesota's 11 tribal nations. The community organizations and tribal nations will implement components of the Menomonie Project, a whole health initiative designed by the Menomonie Nation (Wisconsin) that has resulted in clear reductions in overdose death and hospitalizations. The Menomonie Project emphasizes high school graduation rates, employment, reclaiming language, prescribing practices, social services, and family supports. ($2.4 million in FY20 and $4.5 million each year thereafter and 3 FTEs—two planner principal positions and one management analyst)

Naloxone – This evidence-based strategy provides funding for training and provides Naloxone medications to first responders, including state troopers, across all of Minnesota. Often, our first responders (state troopers, sheriffs, local law enforcement, Tribal police, fire, and EMS) have opportunities to save lives and can do so when equipped with training (so ensure proper administration of either the injectable or inhalation Naloxone) and are provided with at least two doses of Naloxone per first responder ($1 million each year).

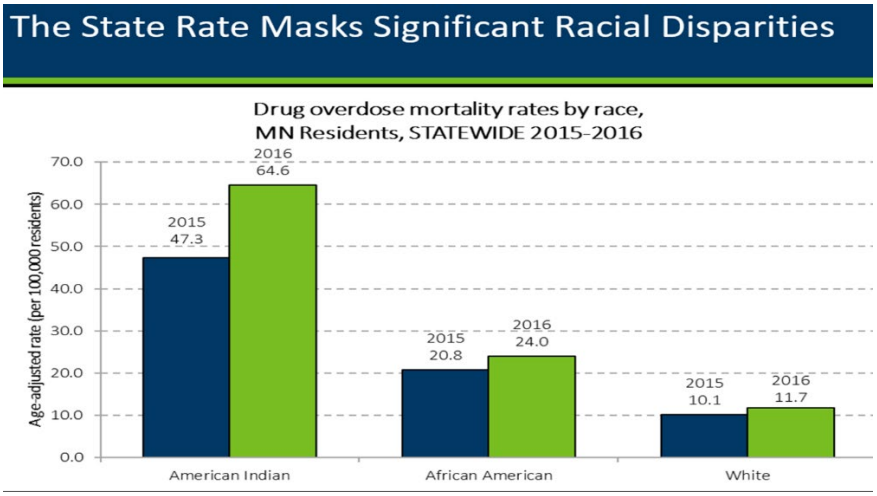
Fatality Review Data and Analysis – This component provides funding for overdose fatality reviews, a systematic process that enables the state and local communities to understand the circumstances of these preventable deaths and identify strategies to prevent future overdoses. Nine states have recently authorized the fatality review process to examine and understand drug overdose fatalities.

Overdose fatalities are not unpredictable and random. An in-depth, multi-disciplinary review of each fatality can identify failures or oversights in medical care, gaps in community services (e.g. access to mental health or medical treatment, coordination between service providers, including emergency medical services), the need for changes to state laws or government practices, or emerging causes of death (i.e. new synthetic opioids or drugs in the community).

MDH staff will support and develop overdose fatality reviews across Minnesota. We will partner with tribal governments, counties, local public health, law enforcement, health care providers, other state agencies, and other community groups. Some reviews will be led by MDH staff; however, part of their responsibility will be to train partners across the state to lead fatality reviews at the local level. Most of the requested funding will support the work of the fatality reviews through grants awarded at the community level. ($1.3 million in FY 20 and $1.4 million each year thereafter and 3 FTEs—an epidemiologist, a planner principal, and a research analyst)

Equity and Inclusion:

Minnesota's overall overdose death rate is among the lowest ten states in the nation. However, Minnesota's white overdose rate compared to American Indians and African Americans reveals that Minnesota has the greatest racial disparity in the nation. In 2016, African Americans were two times more likely to die of a drug overdose than were whites. In 2016, American Indians were almost six times more likely to die of a drug overdose than were whites. MDH is using in-person meetings, focus groups, surveys, advisory meetings, and professional forums to understand how best to prevent substance use disorder and overdose death.



Results:

The proposal will reduce the number of drug overdose deaths for all Minnesotans and particularly for American Indian and African American Minnesotans. Potential performance measures could include: number of community prevention programs funded; number of doses of Naloxone purchased; number of drug reversals (proxy for lives

saved); number of grants to Tribal Nations; number of policies changed at the local level; and number of opioid prescriptions each year compared with the preceding year.

Type of Measure	*Name of Measure*	*Previous*	*Current*	*Dates*
Results	Drug Overdose Fatality Rate for American Indian	47.3 per 100,000	70.0 per 100,000	2015 / 2017
Results	Drug Overdose Fatality Rate for African American	20.8 per 100,000	27.4 per 100,000	2015 / 2017

Statutory Change(s):
N/A

Change Item Title: Comprehensive Suicide Prevention

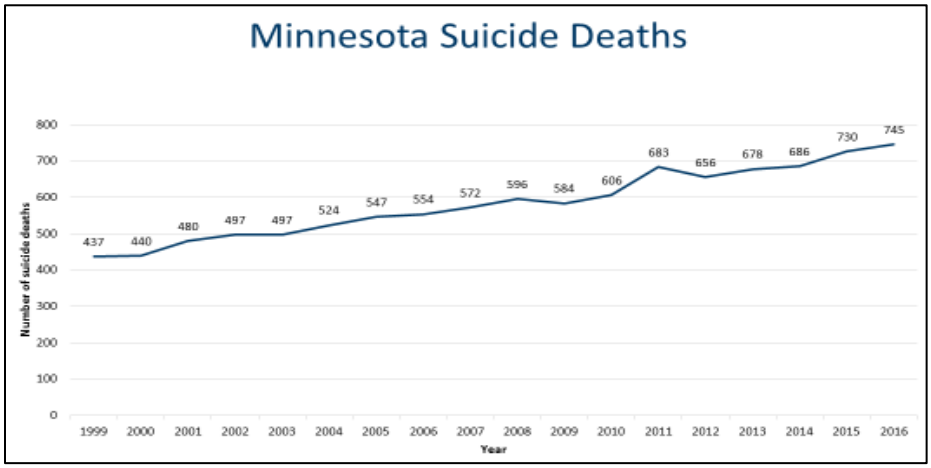
Fiscal Impact ($000s)	FY 2020	FY 2021	FY 2022	FY 2023
General Fund				
Expenditures	3,929	3,929	3,929	3,929
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	3,929	3,929	3,929	3,929
FTEs	**6**	**6**	**6**	**6**

Recommendation:

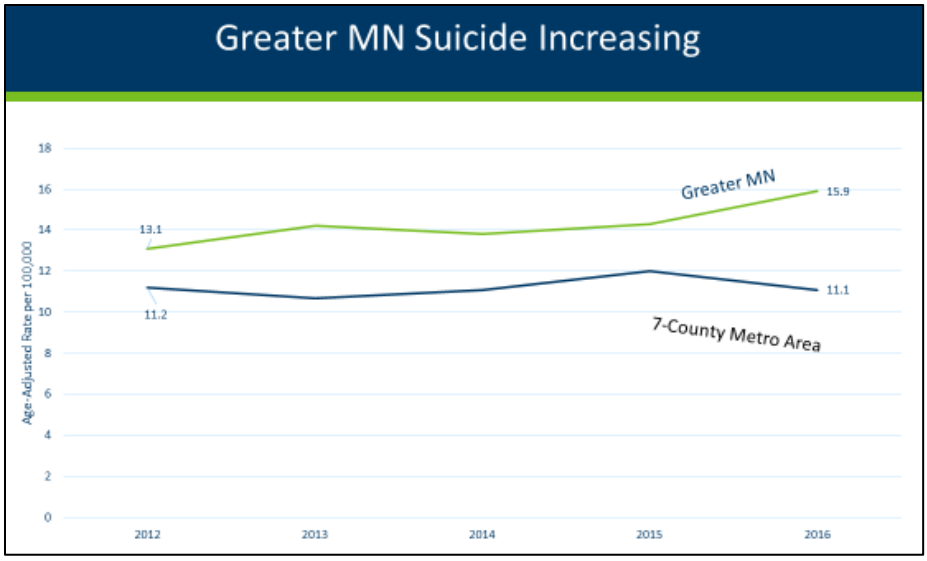
The Governor recommends a General Fund appropriation to support a comprehensive, community-based suicide prevention program. This proposal builds upon a public/private partnership to expand, strengthen, sustain, and support community-based suicide prevention across Minnesota. The proposal includes five components: 1) expanding community-based programs, 2) purchasing program materials and resources for private and public school systems statewide, 3) implementing Zero Suicide in health systems, 4) funding the national suicide prevention lifeline in Minnesota, and 5) providing suicide fatality review to improve prevention programs, policies and practices.

Rationale/Background:

Suicide is the eighth leading cause of death in Minnesota. Our state has experienced a 40 percent increase in suicide deaths since 1999. Between 2016 and 2017, the number of Minnesotans who died by suicide increased from 745 to 771 Minnesotans, almost a four percent increase compared to only two percent in the previous year and one percent in the year prior.



The increase in Minnesota's suicide rate in recent years is due to more suicide deaths in Greater Minnesota.



Evidence shows that most suicides are preventable, mental illness is treatable, and recovery is possible. The 2015 Minnesota State Suicide Prevention Task Force five-year prevention roadmap recommended that prevention efforts be comprehensive, community-based, and culturally specific; involve collaboration across sectors; and include the voices of those with lived experience – suicide attempt survivors and suicide loss survivors.

MDH's base funding for statewide suicide prevention initiatives is $350,000 per year, including community-based suicide prevention programming and training. The current appropriation supports one statewide prevention coordinator and six local prevention programs (tribal, local community, and two organizations with statewide reach). It does not include resources for curricula, the Lifeline, Zero Suicide model implementation, or fatality review.

This proposal will help Minnesota turn the curve on the alarming increases in rates of death by suicide.

Proposal:

This comprehensive prevention approach to suicide has five components:

1. Expand existing state-funded suicide prevention efforts in those communities and populations that have the greatest number and rates of suicide death. MDH will work in communities to assess conditions and circumstances that contribute to suicide death and implement evidence-informed strategies.
2. Increase protective factors within our communities and youth to promote healthy individuals and decrease suicide risk by using evidence-based and research-informed resources and tools.
3. Increase the number of behavioral/health care organizations implementing the Zero Suicide Model (currently receives some federal funding).
4. Build a robust Minnesota-based National Suicide Prevention Lifeline (MSPL) network to increase the timely access of crisis services to all Minnesota residents 24 hours a day.
5. Expand and support suicide fatality review and epidemiologic analysis.

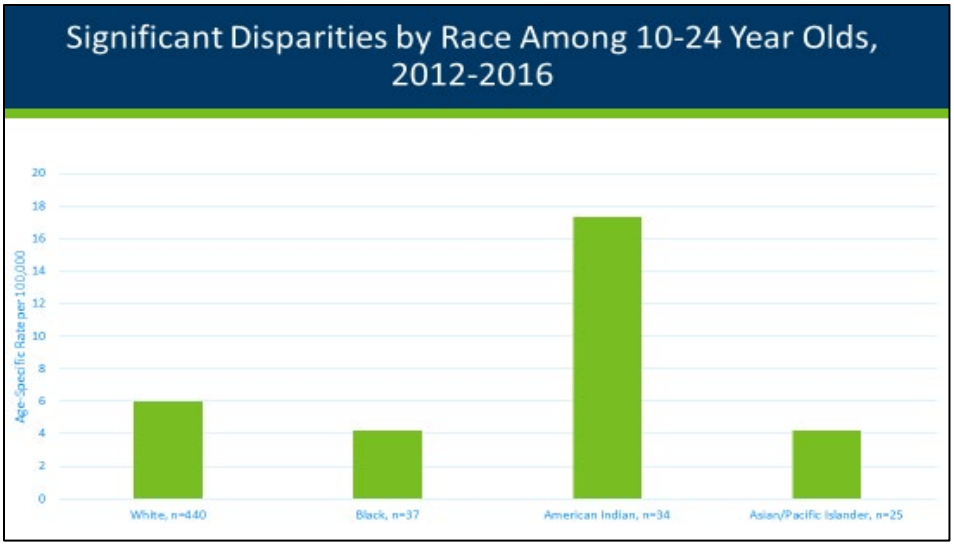
1. **Community-based suicide prevention grants** – This component increases grant funds for community-based programming and trainings from six grantees to 21 grantees. This will result in more communities working to prevent suicide and a decrease in suicides in Minnesota, and in particular, will focus on those communities with the greatest disparities. ($1.291 million each year, 2.2 FTEs)
2. **Evidence-based Training and Resources –** This component funds the increasing need for evidence-based training for educators and suicide prevention curriculum for schools to decrease suicide risk among students. Minnesota law requires all teachers to take one hour of evidence-based suicide prevention

training as part of renewing their teacher's license. These funds will support professional and staff training and will purchase curriculum for student use statewide. ($913,000 each year, 1.2 FTEs)

3. **Zero Suicide Model** – The Zero Suicide Model is becoming the new practice of care for behavioral and healthcare organizations to treat individuals at risk for suicide and to support them across systems of care and upon discharge. Evidence shows that the period post discharge for suicide attempts is the highest risk period of suicide among these individuals. The Zero Suicide model is a commitment to patient safety based upon the understanding that suicidal individuals can be lost to follow-up in a fragmented system. MDH is working with 16 behavioral/health care organizations to implement Zero Suicide, using $100,000 from a federal grant. This component requires additional funding for a Zero Suicide Academy to implement the model and support related training activities and resources needed for an additional 16 organizations to be successful. ($205,000 each year, 0.7 FTEs)
4. **Minnesota-based National Suicide Prevention Lifeline (MSPL)** – This component provides funding to establish a Minnesota-based resource for answering the estimated 66,000 calls that are currently generated from Minnesota, into the MSPL. Until July 2018, Minnesota had one MSPL call center in the state; when they were no longer able to function, Minnesota had to depend on MSPL call centers from neighboring states. MSPL is the most recognized and used hotline for suicide prevention. It is a requirement that states have an in-state line and that this line is answered at least at a 70 percent rate in order to be eligible for all future suicide prevention grants (SAMHSA grant requirement). MSPL can be a help and hope for many people that are contemplating suicide. It can get them through the immediate issue before it becomes a significant mental health crisis or suicide attempt. Phone service is part of the continuum of care. This will decrease the use of other already stretched services – such as emergency department and mobile crisis services. New funding will support grants to providers serving the entire state. A state-based lifeline reduces call wait times from 3+ minutes per call to about 30 seconds and is more effective than calls going to a multi-state regional hub. Individuals waiting longer than 30 seconds have time to make impulsive decisions, which they may not have made if their call would have been answered by an in-state call center. State-based call centers have specific and intimate knowledge of community resources and health care providers available to meet immediate needs. The planned Minnesota Network does not duplicate county-based crisis services; rather, the proposed network enhances and integrates with current crisis services. Functioning lifelines have resulted in a decrease in the use of emergency departments and other emergency services. ($1.322 million, 0.7 FTEs)
5. **Community Fatality Review Analysis and Prevention** – Certain communities and populations bear a disproportionate burden of incidence of suicide and non-fatal self-directed violence (attempts and ideation). To develop strategies to prevent future deaths, data collection, review, and analysis of suicide deaths can examine circumstances leading up to the death. This would help identify the scope of the suicide problem, identify high-risk groups, set priority prevention activities, and monitor the effects of suicide prevention programs. An in-depth, multi-disciplinary review of the fatality will identify prevention opportunities to improve an organizational policy or practice or refine a public policy or system's operation to enhance community health and safety. A typical review may include up to 20 deaths. MDH proposes three to five community fatality reviews each year, maintaining the suicide data dashboard (a web-based tool in development right now to help make data and prevention information more accessible and available at the community level), responding to communities and organizations requesting local analytic support, and sharing findings with the public and professionals. ($198,000 each year, 1.2 FTEs)

Equity and Inclusion:

This proposal will reduce current disparities in suicide. Minnesota currently has disparities by race, geography, gender, and age. An American Indian youth is three times more likely to attempt suicide than a white Minnesotan. In addition, in Minnesota 18 to 24 year olds, suicide is the second leading cause of death, with youth rates three times higher than the average Minnesotan.



Results:

Expand community-based suicide prevention grants:

- Number of communities funded to do suicide prevention
- Number of communities implementing evidence-based suicide prevention activities

Evidence-based training and resources:

- Number of educators and teachers trained in identifying students at risk for suicide and how to connect them to services (gatekeeper trained)
- Number of educators and school staff confident in their ability to identify students at risk for suicide and connect them to services
- Number of students who are identified as at risk for suicide and are connected to services

Expand Zero Suicide Model in behavioral/health care systems

- Number of behavioral health providers screening all patients at every visit for suicidal thoughts
- Number of providers implementing Zero Suicide Model
- Number of clients who screened positive for suicide risk that have a client safety plan developed
- Rate of suicide attempts

National Suicide Prevention Lifeline (MSPL) in Minnesota

- Percent of calls answered within Minnesota
- Number of MSPL providers in Minnesota
- Timeliness of crisis services
- Rate of use of emergency departments for suicidal ideation

Community Fatality Review Analysis and Prevention with epidemiology support

- Number of fatality reviews completed
- Number of communities that have reviewed suicide deaths to determine contributing causes to address and make recommendations for prevention
- Number of communities that are implementing community –based recommendation for prevention based on local fatality review findings

Statutory Change(s):

N/A

Change Item Title: Statewide Tobacco Cessation Quitline

Fiscal Impact ($000s)	FY 2020	FY 2021	FY 2022	FY 2023
General Fund				
Expenditures	1,663	2,878	2,878	2,878
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	1,663	2,878	2,878	2,878
FTEs	**3**	**3**	**3**	**3**

Recommendation:

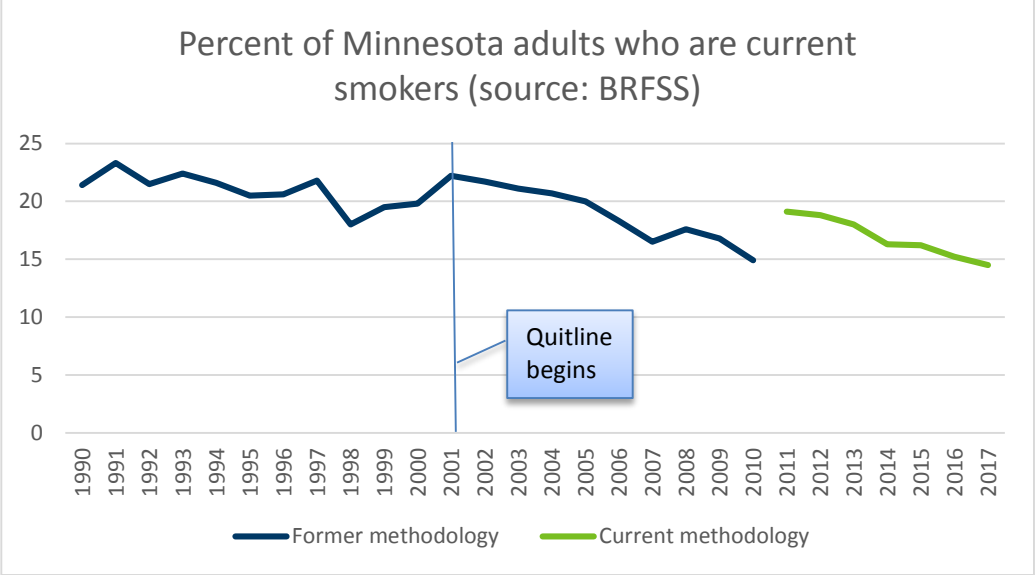
The Governor recommends funding from the General Fund to operate a statewide tobacco cessation quitline to provide tobacco cessation counseling, nicotine replacement therapies (NRT), and cessation promotion activities to increase public awareness at the Minnesota Department of Health (MDH). The proposed state-funded quitline will replace the current ClearWay Minnesota QUITPLAN® Services, which will close by March 2020 due to ClearWay's legally required sunset plan.

Rationale/Background:

Quitlines are widely recognized as an evidence-based means of helping tobacco users quit and a core component of a comprehensive tobacco control program. All 50 states have a quitline, with 47 of them operated by tobacco control programs within state health departments (Hawaii, Oklahoma, and Minnesota all have quitlines funded by tobacco settlement "trust agencies," such as ClearWay Minnesota). Providing access to free cessation resources complements tobacco control and smoke-free policies that motivate smokers to quit.

In addition to providing needed cessation services to the uninsured and underinsured, MDH will address the cessation needs of populations most disparately impacted by the harms of tobacco. Minnesota is at risk of becoming the only state in the U.S. without a statewide quitline, leaving smokers who want to quit without the necessary cessation support. Smokers are three times as likely to quit with the aid of counseling and medication, than if they try on their own.

Tobacco use is still the number one cause of preventable disease in Minnesota. Public health efforts have driven down smoking rates (see the graph below), but 580,000 adults in Minnesota still smoke and need help quitting. A 2017 Blue Cross and Blue Shield of MN cost analysis estimates there are $3 billion in tobacco-related excess health care costs in Minnesota. Annual costs to the Minnesota Medicaid program total $563 million. Over 14% of adults and 10% of youth in Minnesota still smoked in 2017. Failure to offer a statewide quitline could jeopardize Minnesota's success in decreasing adult tobacco use. ClearWay Minnesota reports that their QUITPLAN Services reach hundreds of thousands of tobacco users every year. In 2017 alone, more than 225,000 people visited QUITPLAN.com or called the QUITPLAN Helpline.



Note: In 2011 the Behavioral Risk Factor Surveillance System (BRFSS) added cell-phone sampling and improved weighting procedures. Readers should not compare 2011 and later prevalence estimates with those from previous years, but instead consider the 2011 results a new baseline to compare with subsequent survey results.

Proposal:

Under this proposal, MDH will operate Minnesota's statewide tobacco cessation quitline. MDH will contract with a specialized vendor to operate a new, fully-operational and state-administered, 24/7 call center and online registration process that provides smokers with ongoing counseling with trained cessation counselors, distribution of free nicotine replacement therapies, and texting and email services. This proposal will replace ClearWay Minnesota's call line and a percentage of their budget for cessation awareness promotion activities. MDH will offer a regularly updated website as an effective resource for people trying to quit including a tobacco cost calculator, quitting readiness quiz, and other resources that can be accessed without professional help ($650,000 in FY20 and $1.3M each year thereafter).

MDH will also contract for statewide cessation promotion activities to encourage smokers to use the quitline, conduct outreach to disparately impacted populations, and offer quit challenges and other activities throughout the year to encourage smokers to quit tobacco. Like ClearWay Minnesota, we hope to offer specialized, culturally appropriate quitline services for American Indian and the behavioral health populations. The target for these promotion activities is approximately 574,000 adult smokers and 56,000 high school users. (Statewide public awareness activities: $500,000 in FY20 and $1 million each year thereafter)

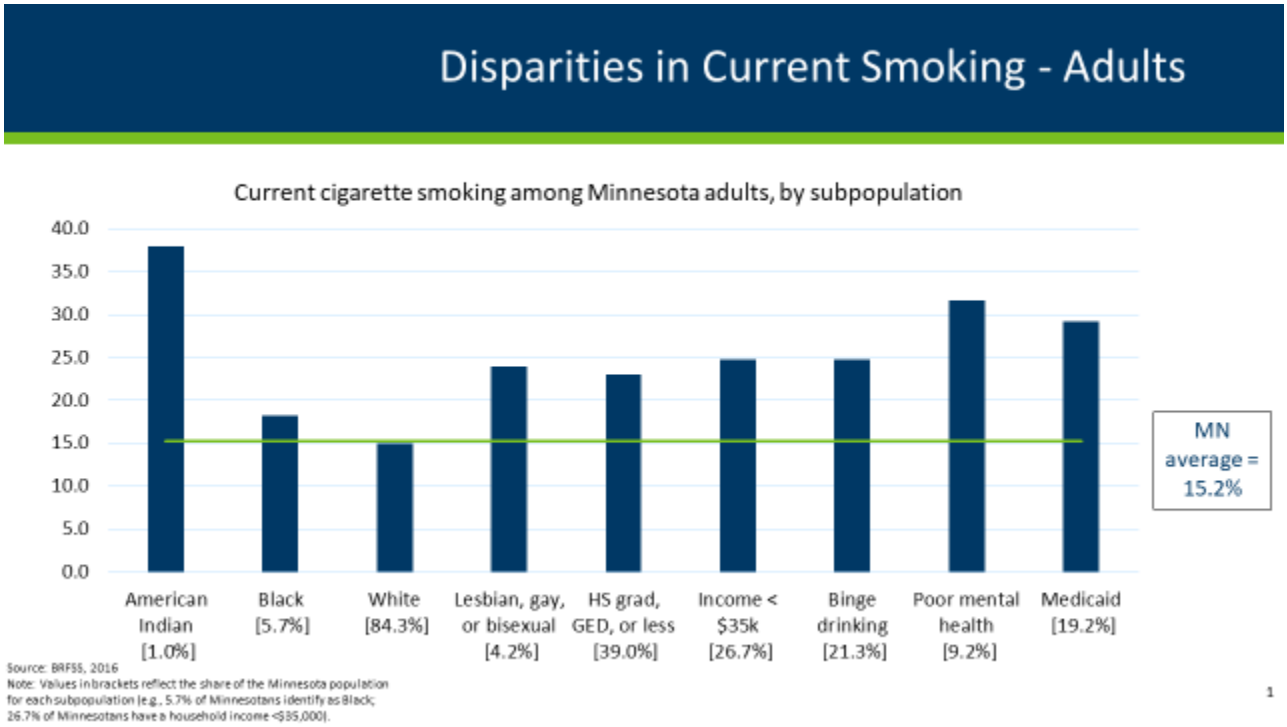
An independent evaluator will assess the impact of the quitline and promotion activities. MDH will require three FTE's to administer the program, including:

- A tobacco cessation manager to coordinate and oversee the cessation program and services,
- A cessation planner to coordinate the quitline contract and monitor the weekly call progress and the day-to-day operations of the vendor, and
- A cessation outreach coordinator for statewide promotional activities, including culturally specific targeted campaigns (The cost for all FTEs is $513,000 in FY20 and $578,000 each year thereafter).

The MDH quitline will serve an important role as the centralized, 800-number clearinghouse and triage for all smokers to provide seamless, barrier-free access to free cessation. Unlike most states, several private health plans in Minnesota also operate their own quitlines or wellness programs that include cessation support, but these services are limited to their members. The MDH statewide quitline will be accessible to smokers who do not have access to cessation counseling or nicotine replacement therapies. If health plan members call the MDH quitline, it will triage them to their insurance-covered quitline, providing a seamless experience for the user.

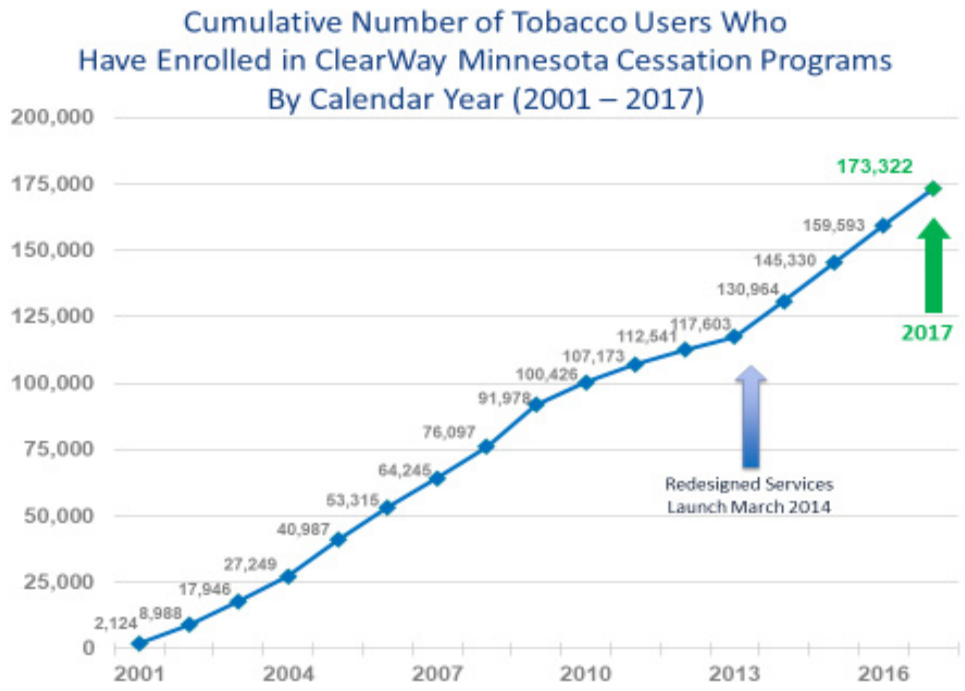
Equity and Inclusion:

Significant tobacco-related disparities among populations historically targeted by the tobacco industry through decades of marketing continue to persist. American Indians, African Americans, LGBTQ, low-income individuals, and people with mental health problems and substance use disorders have dramatically higher tobacco use rates which has had devastating health impacts in the form of chronic disease and death. A 2017 national study found that progress in reducing tobacco use has been uneven in the United States, and substantially higher rates of tobacco use persist among population groups defined by race/ethnicity, occupation, socioeconomic status, sexual orientation, and other factors. MDH's proposal will reduce these disparities and address the devastating consequences from tobacco use in these communities.



Results:

MDH will use standard quitline metrics to evaluate results. From the baseline launch in 2020, MDH expects to increase calls to the statewide quitline, increase quit attempts and increase successful quits (defined as seven continuous months without smoking). The 2017 adult smoking rate in Minnesota is 14.5% (2017 Behavioral Risk Factor Surveillance System). With continued expansion of tobacco control policy changes and a statewide cessation program, MDH aims to further reduce the adult smoking rate to 12% or lower by 2022. MDH also expects to decrease smoking-related health disparities by reducing smoking rates among populations most impacted by the harms of tobacco. MDH anticipates continuing the progress illustrated in the ClearWay Minnesota graph below.



Statutory Change(s):

144.396 Tobacco Use Prevention. Creation of a new section providing authority and funding to operate a state quitline.

Change Item Title: Maintaining and Improving Provider Network Adequacy Reviews

Fiscal Impact ($000s)	FY 2020	FY 2021	FY 2022	FY 2023
General Fund				
Expenditures	231	231	231	231
Transfers In	(77)	(77)	(77)	(77)
State Government Special Revenue Fund				
Expenditures	77	77	77	77
Transfers Out	(77)	(77)	(77)	(77)
Net Fiscal Impact = (Expenditures – Revenues)	308	308	308	308
FTEs	**3.0**	**3.0**	**3.0**	**3.0**

Recommendation:

The Governor recommends a General Fund appropriation each fiscal year for health plan product reviews and licensing of Health Maintenance Organizations (HMOs). Additionally, the Governor recommends eliminating a $77,000 appropriation transfer from the State Government Special Revenue fund (SGSR) to the General Fund initiated by a 2008 session law. The proposed funding will provide salary support for increased costs related to the complexity of network adequacy reviews for all carriers and health plans offered both on and off the exchange (MNsure) as well as to enhance the Minnesota Department of Health's ability to assess whether network providers are available to consumers who are seeking care.

Rationale/Background:

The ability to access the care they need, when they need it, and within a reasonable distance, is critical for patients. If patients lack access to clinicians in their network who can support their needs in a timely fashion, they may face long wait times for care, inconvenient travel to a distant provider, or substantial out-of-pocket costs.

The Managed Care Section at the Minnesota Department of Health (MDH) regulates Health Maintenance Organizations (HMOs), including assuring that they meet network adequacy requirements, under Minnesota Statutes, Chapter 62D. MDH also reviews provider network submissions of non-HMO commercial health insurers under Minnesota Statutes, Chapter 62K. The intent of this review is to ensure that the networks offered in Minnesota's commercial health insurance market meet minimum state and federal requirements related to network adequacy. However, additional resources are needed for this work to address feedback from consumers statewide who have experienced challenges when they sought care within an approved network. This funding will also ensure that MDH has the capacity to enforce state requirements.

MDH's annual network adequacy reviews only assess whether requirements related to geographic accessibility (miles to a provider) are being met. However, state statute also requires that each network include a sufficient number and type of providers to ensure that covered services are available to all enrollees without unreasonable delay. We know that some patients have found, often at a time when the need for care is critical, that although a provider is included in their network and is within the required geographic range, they are unable to get a timely appointment with that provider. This may be because the provider is not accepting new patients, or in some cases the provider is no longer providing services at all due to retirement or closure. This leads to a great deal of frustration for consumers and delays in care. These patients may ultimately be forced to seek care out-of-network and face substantial out-of-pocket costs.

Currently, MDH does not have the capacity to assess whether the providers included in networks are truly available to enrollees in a timely manner or are even still actively practicing. Network adequacy reviews are based on information submitted by health plans, with no independent verification by MDH of the accuracy of information or the availability of providers throughout the year. As a result, we are unable to assess whether all requirements under Minnesota Statutes, Section 62K.10 are being met.

In prior years, MDH received $200,000 annually in federal funds via MNsure for its work related to provider network review and also dedicated a portion of its SGSR funds from HMO and County Based Purchaser filing fees to support this work. As of SFY2019, MNsure's federal grants have ended. With the loss of federal funding for provider network review, the Department is unable to review networks for commercial insurance health plans. The General Fund request would ensure continuity of this activity and avoid the issue of cross-subsidizing the work of commercial insurance network review using SGSR funds supported by HMO fees.

Proposal:

This proposal will provide funding to sustain two FTEs to conduct provider network adequacy reviews which would otherwise be discontinued. Additionally, the proposal will allow for the addition of 1.0 FTE in new staffing to assess, throughout the year, whether listed providers are currently active, actually in network, and accepting new patients. The work of the new FTE will lay the groundwork for more effectively enforcing state requirements and identifying additional capacity that may be needed to assist with that enforcement in the future.

Equity and Inclusion:

The proposal addresses the review of health plan provider networks, which affect health care quality, access and affordability in the health care system. To the extent that these health care system factors affect health disparities and access to care for underserved persons and communities, including racial and ethnic groups, LGBT persons and populations, veterans, persons with disabilities and chronic health concerns, or other underserved communities, this proposal supports health care systems to provide access and quality health care for all Minnesotans.

Results:

Under Chapter 62K, MDH undertakes health plan reviews for health plans offered in the Minnesota individual and small group employer (employers with 50 or fewer employees) health insurance markets. In 2017, these plans covered approximately 450,000 Minnesotans, or about 8.3 percent of the Minnesota insurance market.1

The following table provides an overview of the volume of activity for recent health plan review periods:

Reviews per Year

Year	Networks Reviewed	Waivers Approved	Plans Reviewed/Approved		
			Commercial/PPO	HMO	Dental
2016	41	5,058	625	383	117
2017	50	3,822	592	336	54
2018	41	4,488	531	298	28
2019	44	4,985	506	435	14

Statutory Change(s):

Laws of 2008, Chapter 364, Section 17(b)—repeal of the annual transfer required from SGSR appropriations to the General Fund.

[1] MDH – Health Economics Program, enrollment reported as of December 2017. Market includes both private and public insurance.

Change Item Title: MN Health Access Survey

Fiscal Impact ($000s)	FY 2020	FY 2021	FY 2022	FY 2023
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Health Care Access Fund				
Expenditures	450	0	450	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	450	0	450	0
FTEs	**0**	**0**	**0**	**0**

Recommendation:

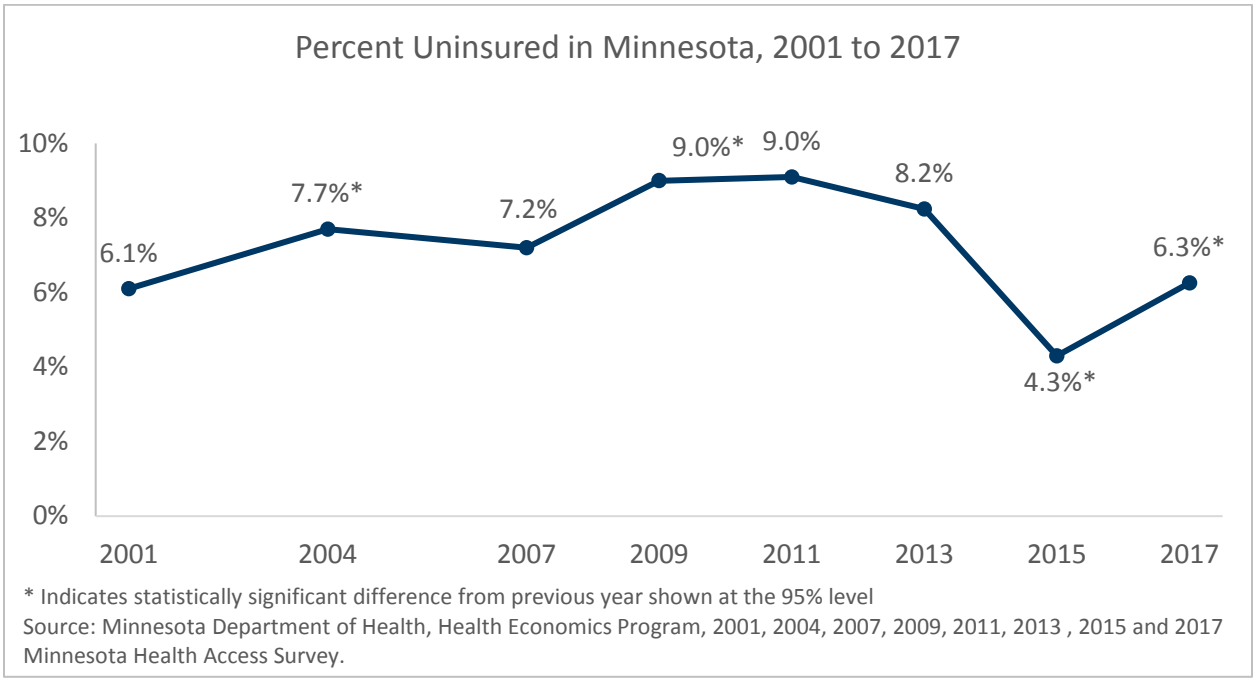
The Governor recommends an increased appropriation of $450,000 from the Health Care Access Fund (HCAF) in the first (even) year of each biennium beginning with FY 2020 for the continued operations of the Minnesota Health Access Survey (MNHA). The MNHA is a biennial population survey of Minnesotans that collects information on health insurance coverage including the percentage of Minnesotans without health insurance and barriers to accessing health care services. MDH currently receives $750,000 each biennium from the HCAF to conduct the survey.

Rationale/Background:

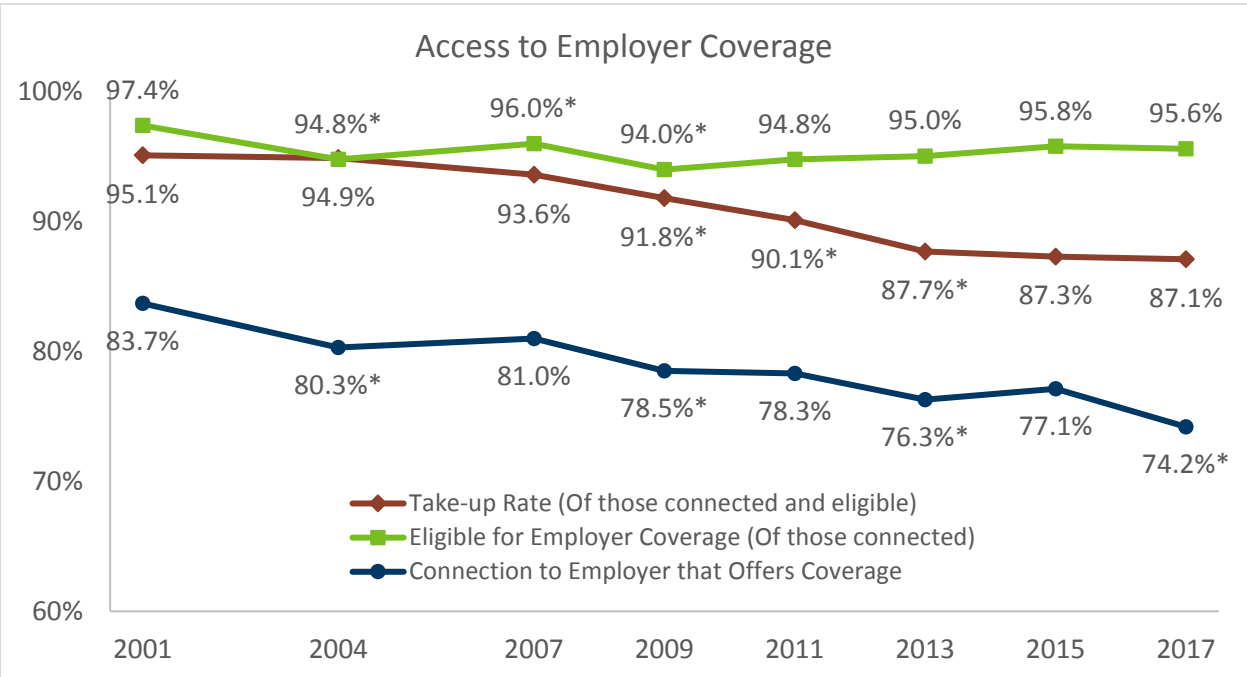
The MN Health Access Survey, conducted biennially by MDH in partnership with the University of Minnesota, is the definitive statewide source of information on access to health insurance coverage and barriers to coverage and care. Policymakers, academic institutions, and organizations working to increase coverage in Minnesota use the survey results to understand the dynamics of the health insurance market, trends in who is gaining or losing coverage and why, the characteristics of the remaining uninsured, and the potential paths to coverage for those who lack insurance. The data are also critical to the Departments of Human Services (DHS), Revenue (DOR), and Management and Budget (MMB) for assessing the potential impact of state and federal policy proposals related to health coverage and costs.

While MDH already receives a base appropriation to conduct the survey, costs have risen substantially over the past 10 years, reaching nearly $1.2 million in 2017, with the expectation of ongoing increases. For recent survey cycles, MDH has received some supplemental funding from DHS, in recognition of the value of the data to that agency. However, it is uncertain whether these funds will continue to be available in the future.

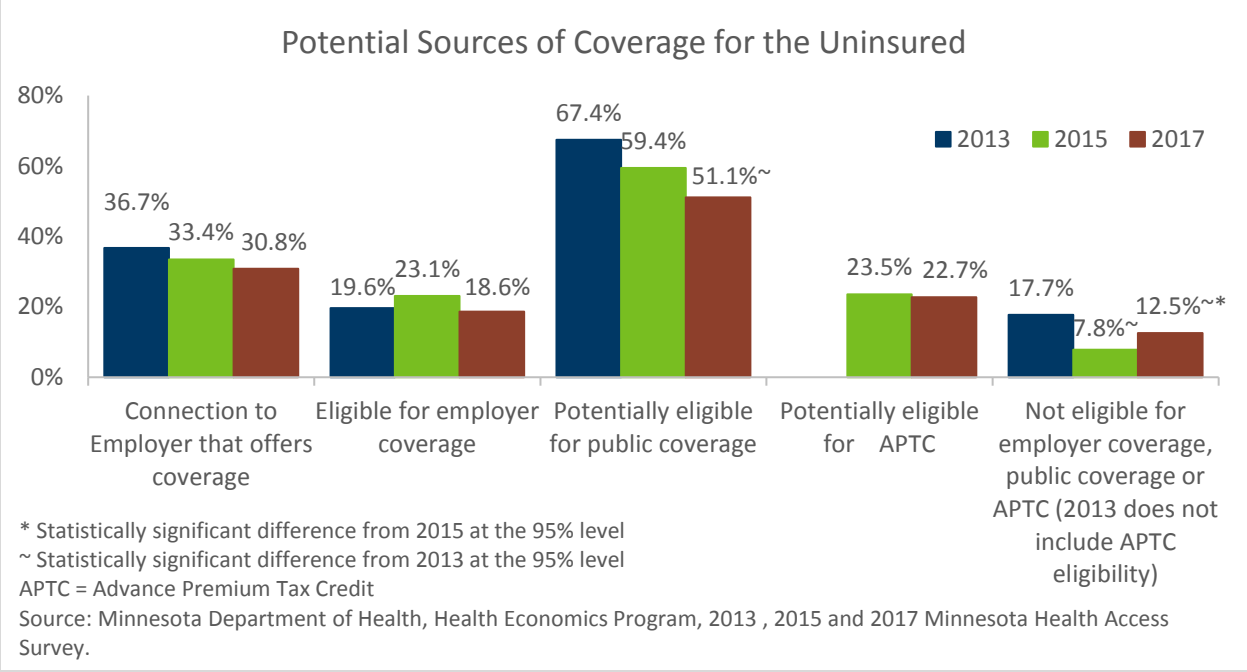
Examples of MNHA results:



* Indicates statistically significant difference from previous year shown at the 95% level
Source: Minnesota Department of Health, Health Economics Program, 2001, 2004, 2007, 2009, 2011, 2013 , 2015 and 2017 Minnesota Health Access Survey.



* Indicates statistically significant difference from previous year shown at the 95% level
Source: Minnesota Department of Health, Health Economics Program, 2001, 2004, 2007, 2009, 2011, 2013 , 2015 and 2017 Minnesota Health Access Survey.



* Statistically significant difference from 2015 at the 95% level
~ Statistically significant difference from 2013 at the 95% level
APTC = Advance Premium Tax Credit
Source: Minnesota Department of Health, Health Economics Program, 2013 , 2015 and 2017 Minnesota Health Access Survey.

Proposal:

This proposal would appropriate an additional $450,000 to cover the costs of existing data collection. This would allow MDH to purchase sufficient sample sizes to provide analysis on key populations that are small in numbers, including: the uninsured, young adults, persons with lower incomes, enrollees in Minnesota's individual market, rural Minnesotans, and Minnesotans of color and American Indians.

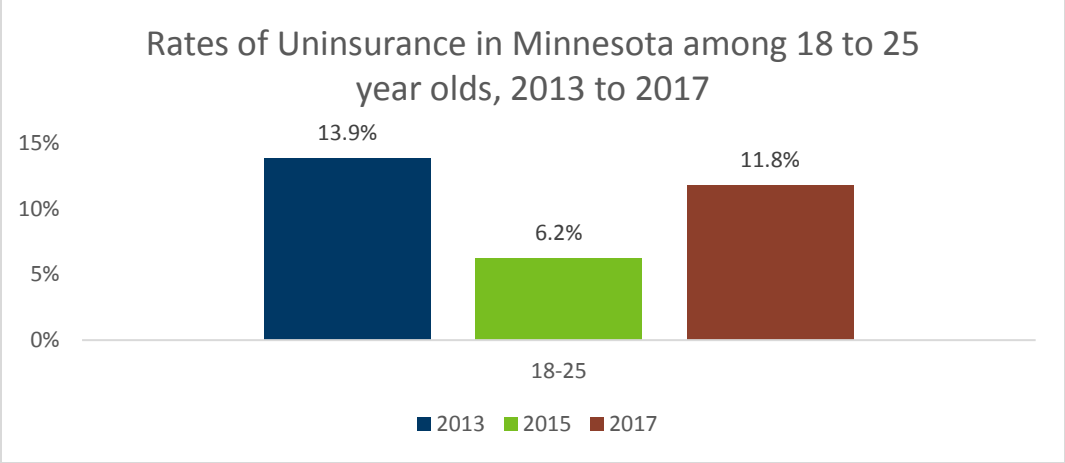
The new funds will also enable MDH to cover higher costs for telephone interviews, driven significantly by a need to reach out to more individuals for every completed interview (low response rates across all modes of interviews) and by recent federal requirements to manually dial phone numbers. Additional funding will allow MDH to continue to collect this critical data at a level of precision consistent with prior surveys.

Equity and Inclusion:

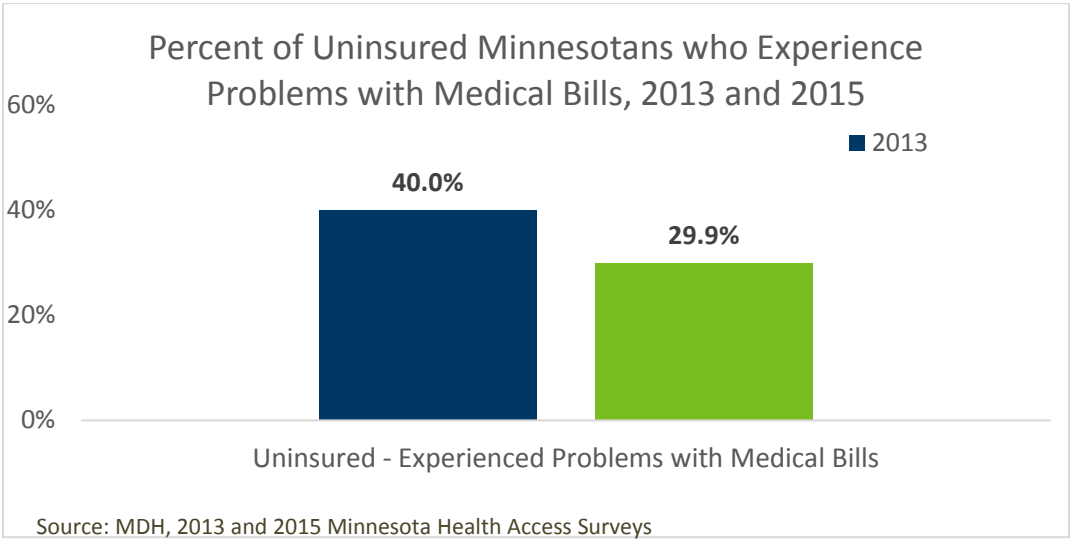
Absent this funding, the scope of the survey and the precision of the estimates would need to be significantly scaled back. A smaller survey sample will impact MDH's and the public's ability to understand populations in the state experiencing the greatest barriers to coverage (people of color and American Indians, young adults, and people with lower incomes or lower educational attainment). The survey may lack details on those who struggle with barriers to care because of costs (people with individual market coverage, the uninsured, and young adults), or who live in lower populated parts of the state with unique geographic challenges. The survey would become less effective in providing data and evidence for policy proposals to address health access challenges of these populations.

Results:

Young adults (aged 18 to 25) are a key uninsured demographic because they are typically healthy, very price sensitive, and represent a transition population. The Health Access Survey highlighted major gains in their coverage after the Affordable Care Act (dependent coverage expansion, access to individual market, and Medicaid) followed by significant decreases in their coverage rate two years later. This reflected problems with the viability of the individual health insurance market and the impact of policies around access to insurance coverage. Without sufficient funding for a full sample, this increase in the uninsurance rate amoung 18 to 25 year olds would not have even been detected.



Similarly, one of the highlights of our findings in 2015 was that fewer people without health insurance experienced problems with medical bills – from 40.0% in 2013 to 29.9% in 2015. This was mainly because fewer Minnesotans were uninsured for the entire year and therefore only had health insurance to assist them for part of the year. A reduced sample would not be able to detect this difference.



Without increased funding, we will decrease the length of the survey, eliminating questions like:

- The number of healthy days, both mental and physical health, experienced by Minnesotans.
- The kind of providers people have trouble accessing (used by DHS federal reporting on access to care for Medicaid recipients).
- What types of assistance was used to enroll in coverage.
- Measures of health insurance literacy.
- What percent of Minnesotans are enrolled in a high deductible health plan

Statutory Change(s):
N/A

Change Item Title: Repeal Unnecessary Infection Control Law

Fiscal Impact ($000s)	FY 2020	FY 2021	FY 2022	FY 2023
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
State Government Special Revenue				
Expenditures	(107)	(214)	(214)	(214)
Revenues				
Net Fiscal Impact = (Expenditures – Revenues)	(107)	(214)	(214)	(214)
FTEs	**(1)**	**(2)**	**(2)**	**(2)**

Recommendation:

The Governor recommends repealing unnecessary blood borne infection control requirements first enacted in 1992 (Minn. Stat. 214.17-25). The Governor also recommends a corresponding reduction in funding for this activity. New drugs and standards of practice in health care settings are now highly effective at minimizing transmission of blood borne infections making these requirements unnecessary. State health boards that license health professionals retain the power to suspend or revoke licenses for professionals that pose an imminent risk to the public.

Rationale/Background:

In 1992, Minnesota mandated that the Minnesota Department of Health (MDH) or the professional licensing boards evaluate and monitor licensed health care professionals (HCPs) who have human immunodeficiency virus (HIV), hepatitis B virus (HBV), or hepatitis C virus (HCV). These HCPs, which the law refers to as regulated persons, include any registered or licensed nurse, physician, physician's assistant, podiatrist, dentist, dental hygienist, dental assistant, chiropractor, or a medical resident. The law also requires a person with knowledge of a regulated person having HIV, HBV, or HCV to file a report with MDH. A regulated person must report within 30 days of learning of their infection or 30 days after licensure, whichever comes first.

Each professional board pays into a special revenue fund based on its number of monitored licensees; MDH uses the funds to conduct the necessary evaluation, counseling, and follow up monitoring of the regulated person. MDH has an annual appropriation in the state government special revenue fund of $214,000 for this activity that it largely uses for 2 FTEs: 1 nurse specialist and portions of salaries of three administrative staff that support the program. As of July 2018, MDH was monitoring 92 HCPs.

In the last 26 years, there have been many scientific advances in care and treatment for bloodborne infections, including medications to cure HCV and treatments that can decrease HIV to a level that is not detectable with lab testing. While there is no cure for HIV, people living with undetectable HIV have effectively no risk of transmitting HIV to their sex partners. There have been no documented cases of transmission of HIV, HBV, or HCV in a Minnesota healthcare setting since the program began in 1992.

"Standard Precautions" have also now become a standard of practice, effectively minimizing infection transmission in healthcare settings. Standard precautions are a set of infection control practices used to prevent transmission of diseases that can be acquired by contact with blood, body fluids, non-intact skin (including rashes), and mucous membranes. These measures are used when providing care to all individuals, whether or not

they appear infectious or symptomatic. Moreover, there are national Society for Healthcare Epidemiology of America standard practice guidelines for HCPs who are infected with HBV, HCV, or HIV.

The current law results in redundant and unnecessary regulation of health care workers infected with HBV, HCV, or HIV. State health boards that regulate the licensed professionals retain the power to suspend, either temporarily or permanently, any licensed health professional who is an imminent risk to the public. They also have formal disciplinary processes to address improper infection control practices.

Proposal:

This proposal repeals Minnesota Statutes 214.17-.25 and eliminates the HIV, HBV, and HCV Prevention Program for licensed health care professionals. Minnesota is the only state in the U.S. with a monitoring program for licensed healthcare professionals who have a bloodborne infection. The program would formally end on December 31, 2019. Prior to that date, MDH will rescind current monitoring agreements.

The professional health licensing boards (Board of Medical Practice, Board of Nursing, Board of Dentistry, and Board of Chiropractic Examiners) all question the necessity of this outdated program and believe that with the current infection control practices are adequate.

Equity and Inclusion:

This proposal helps remove stigmatization of individuals living with bloodborne infections. Certain disadvantaged racial and ethnic communities, as well as gay, bisexual, and transgender individuals have a higher risk of bloodborne infection and thus, disproportionately bear the burden of this outdated regulation. Organizations who work with diverse populations, such as Justus Health (formerly known as the Minnesota AIDS Project), also support this proposal.

Statutory Change(s):

Minn. Stat. §§ 214.17-.25 - Repeal of HIV, HBV, and HCV Prevention Program

Change Item Title: Office of Medical Cannabis Operational Costs

Fiscal Impact ($000s)	FY 2020	FY 2021	FY 2022	FY 2023
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
State Government Special Revenue				
Expenditures	813	668	668	668
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	813	668	668	668
FTEs	**2**	**3**	**3**	**3**

Recommendation:

The Governor recommends funding from the State Government Special Revenue fund (SGSR) for the Office of Medical Cannabis (OMC) to maintain current levels of service, anticipate projected patient growth, and conduct needed system improvements.

Rationale/Background:

Minnesota's medical cannabis program was authorized in law in 2014 and began registering qualified patients on July 1, 2015. The original statutory appropriation for the program was the best estimate MDH could make at the time—prior to the creation of the program in 2014. Since that time, the program has more than doubled the enrollment projections made in 2014. The program's current appropriations ($738,000 from the General Fund and $1.160 million from the SGSR fund) have not kept pace with the demand for services. We have experienced a growth in the number of new patients and an expansion in the number of qualifying medical conditions. Not only has this challenged the OMC to meet its statutory requirements, it has dramatically increased program revenues. Current projections for FY 2019 show that revenues will exceed expenditures by $1.169 million, which will be more than sufficient to support an increased appropriation.

Additional funds will allow OMC to meet the growing demand for services without compromising service levels or the research and evaluation components that are the cornerstone of the program. Since 2014:

- Patient enrollment continues to grow to more than 14,400 people
- Legal and regulatory costs for the program are growing
- Qualifying medical conditions have been added
- Program IT needs are still evolving

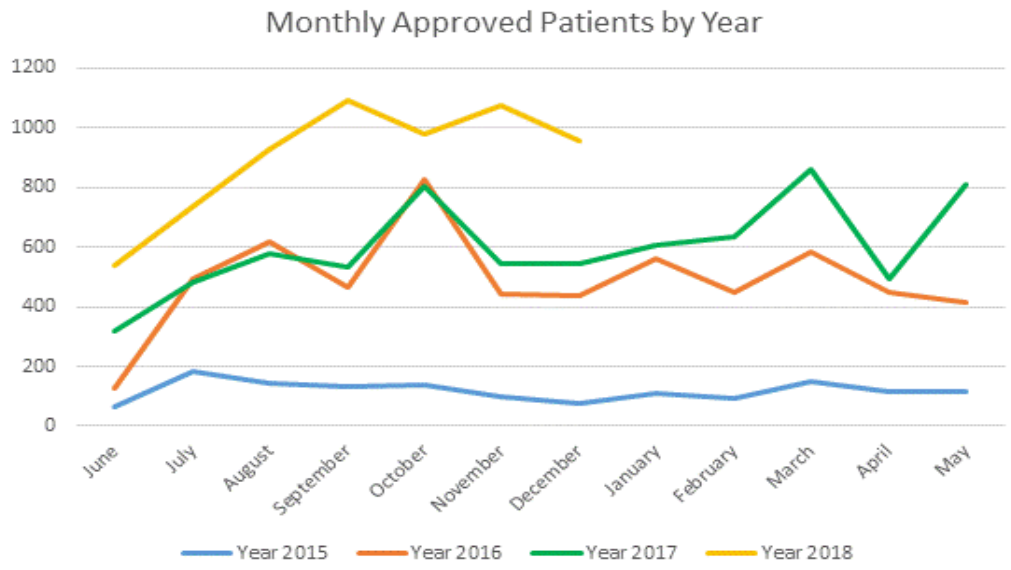
As the medical cannabis program adds qualifying conditions, patient participation continues to grow. The increased patient enrollment creates pressure on the OMC patient enrollment staff to maintain high levels of customer service and meet application processing timelines set in law. Increased patient enrollment also leads to increased demand for product from the manufacturers, which is causing a strain on product inventory. Business practices need to be refined to accommodate the demand. As the manufacturers refine their processes and standard operating procedures, OMC staff must re-inspect each facility to assure that they continue to meet quality and safety standards, leading to increased demand on OMC inspection staff.

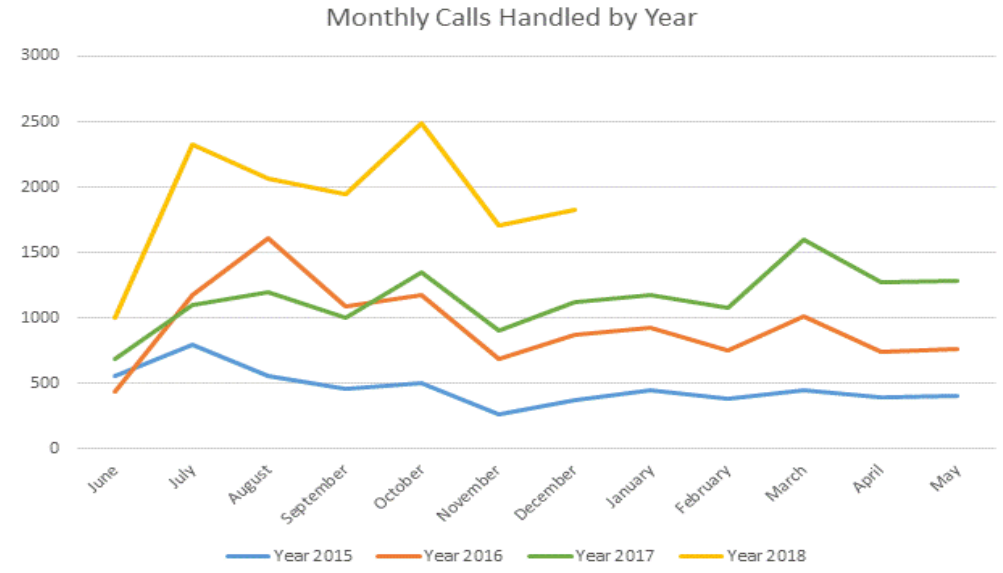
Proposal:

This proposal addresses the increased costs of operating the medical cannabis program by increasing the SGSR fund appropriation within available fee revenues. This is necessary to maintain current service levels, protect

patient safety, provide security and oversight of program participants, and protect the important research and evaluation components of the program. New funding would be for three FTEs (one inspector and two customer service specialists) and for IT database system upgrades that could handle the current patient volume as well as handle large scale expansion and maintenance costs.

Results:





Statutory Change(s):
N/A

Change Item Title: Safe Drinking Water Fee Increase

Fiscal Impact ($000s)	FY 2020	FY 2021	FY 2022	FY 2023
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
State Government Special Revenue				
Expenditures	2,117	4,234	4,234	4,234
Revenues	2,117	4,234	4,234	4,234
Net Fiscal Impact = (Expenditures – Revenues)	0	0	0	0
FTEs	**14**	**28**	**28**	**28**

Recommendation:

The Governor recommends increasing the safe drinking water fee by $3.36, from $6.36 to $9.72, per water service connection to ensure Minnesota's public water supply continues to be safe to drink.

This fee directly funds Minnesota's vital strategy to protect drinking water activities, specifically to:

- Test water quality for 7,000 public water supplies,
- Provide expert review of test results and trend analysis,
- Perform specialized engineering review of treatment plant plans or source changes,
- Assist in prevention or treatment of contamination issues,
- Train and certify water operators,
- Conduct regular site visits to systems to identify and prevent potential problems while still small and relatively inexpensive to fix,
- Support testing for and risk management of unregulated contaminants, and
- Increase replacement of failing infrastructure by reducing use of Drinking Water Revolving Fund for program activities.

Rationale/Background:

Safe and abundant drinking water is often taken for granted in the United States. However, when problems arise with drinking water—as was the case in Flint, Michigan - the results can be catastrophic. No community or state is immune from threats to its drinking water, but prevention strategies can help minimize costs and risks.

For decades, Minnesota has relied on a unique and effective strategy to protect public drinking water. Unlike states that rely on public water systems to monitor water quality and report back to the state, Minnesota Department of Health (MDH) staff conduct water quality testing for 7,000 public water systems to ensure correct sampling procedures, accurate results, and timely reporting. In addition, MDH addresses increasing threats to drinking water that fall outside the scope of the Safe Drinking Water Act (SDWA), such as pharmaceuticals, personal care products, cyanotoxins, and other unregulated contaminants. Staff go on site to monitor and conduct inspections, building strong relationships with water suppliers. Trust in the expertise and experience of MDH staff prompts systems to contact MDH when a problem occurs, take action before contaminant levels reach the level of a violation, or go beyond regulatory requirements for contaminants not covered by regulations. However, inadequate funding and new threats (such as harmful algal blooms, increasing nitrate in source water, unregulated contaminants, and a new recognition that no level of lead exposure is safe) jeopardize the viability of this approach and the safety of our drinking water.

Past investments in protecting Minnesota's public water supplies largely prevented disruptions to safe, reliable water. However "invisible" these systems have become, they are not invincible. The MDH approach provides in-depth understanding of individual systems, so MDH is able to give systems tools to prevent the crises that make national news in other states. While MDH provides these services to all public water supplies, this robust technical assistance is especially valuable for smaller systems in Greater Minnesota with limited resources and technical capability. Without this additional assistance, small systems have lower compliance with standards. More than just maintaining a consistently high level of compliance with the SWDA, Minnesota's proactive strategy protects our drinking water, our health, and provides a reliable water supply for economic development.

MDH's work is funded primarily by the safe drinking water fee. The current fee of $6.36 per connection per year was set in 2005. During the 14 years since the last fee increase, inflation has eroded the effectiveness of these funds by 28 percent. While MDH has worked to become more efficient through continuous improvement and strategic staff alignments, efficiency alone is no longer enough to compensate for the combined impact of inflation and a lack of additional resources. In addition, we have tapped the Drinking Water Revolving Fund (DWRF) to the extent allowable, to help cover the gap between available resources and expected service delivery. These efforts cannot continue to cover the current service costs. The use of the DWRF for these administrative purposes has reduced funds available to address over $7.4 billion of local water system infrastructure needs. Reducing MDH program dependence on DWRF will restore $80 million in 20 years for local infrastructure needs.

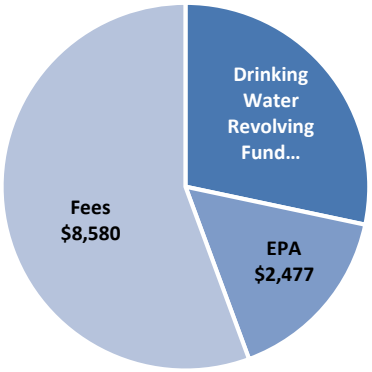
The growing gap in funding to support current program work may lead to increases in violations, a shift in costs to public water suppliers, and unmanaged risks to public health, especially in Greater Minnesota. A further potential loss of federal funds threatens MDH's ability to provide services and technical assistance. Without additional funding, MDH's monitoring and technical assistance efforts will be scaled back. We will no longer have the resources to collect samples, analyze them at our lab, and review the results before sending them back to the systems with advice. Instead, systems will need to take the samples, send them to a separate lab, and eventually get the results to us; this process will result in unnecessary delays and increased time for us to find and resolve problems. MDH staff time will be spent pursuing sampling results and following up on monitoring violations with less time to proactively anticipate, prevent, or address contamination.

Community water systems provide water to people in their homes. Looking at all community water systems as a group, Minnesota has an excellent record of compliance with the SDWA. By taking a closer look at where the violations do occur reveals that there are significant differences by size of the population a system serves. Systems that serve large cities have a larger customer base, greater access to resources, and staff with technical expertise so they are able to anticipate and prevent contaminant levels from exceeding the standards for safe drinking water. Medium and small systems often lack these resources and so most of the violations in Minnesota occur in these systems. MDH's specialized engineering assistance is essential for preventing violations in these smaller systems.

Headline events in nearby states underscore the urgency for adept management of public health risks from known and newly recognized threats: lead in Flint, Michigan; nitrate in Des Moines, Iowa; unregulated contaminants in Charleston, West Virginia; and toxins from algal blooms in Toledo, Ohio. Recent developments in Minnesota warrant increased vigilance; for example, in 2016, a surface water system had a nitrate violation for the first time in Minnesota history. The number of systems that are treated to remove nitrate has increased from six systems serving 15,000 people in 2005 to eight systems serving 50,000 people today.

The graphs below reflect annual MDH funding without an increase in the fee.

Funding by Source
($ in thousands)



Spending by Area of Work

Area of Work	% of Total
Public Drinking Water *Monitoring, assistance & enforcing the Safe Drinking Water Act*	67%
Public Drinking Water Infrastructure *Providing plan review, project inspection, and oversight*	8%
Drinking Water Source Protection *Providing assistance with plans and funding*	23%
Special Studies and Projects *Organizing research projects and Think Tank (new)*	2%

Proposal:
This proposal will increase the safe drinking water fee to $9.72 per customer service connection per year to restore support for MDH's drinking water protection activities for 7,000 public water supplies that serve water to people where they live, work, gather, and recreate.

This increase, which amounts to a $3.36 increase per Minnesota household per year (less than a penny a day per household), would start on January 1, 2020, and raise $4.234 million per year ($2.117 million in fiscal year 2020). The increase in appropriation supports 25 scientific and program experts at MDH to monitor and assist public water supply systems. These funds will maintain service levels in the face of rising costs and increased monitoring of contaminants not regulated by the SDWA. Increasing the fee will also reduce MDH's reliance on unpredictable federal funding, restore funding for infrastructure, and prevent monitoring costs from shifting to public water suppliers, many of whom are small business (resorts, restaurants, daycares, etc.) owners.

The increased fee affects roughly 1.26 million households, institutions, and businesses connected to municipal water systems. This proposal protects the health of all citizens and visitors to Minnesota, since most Minnesotans drink water from a public supply daily or occasionally. Interested parties include the public water suppliers, MN Rural Water Association, American Water Works Association – MN Chapter, Water Utility Council, and League of MN Cities.

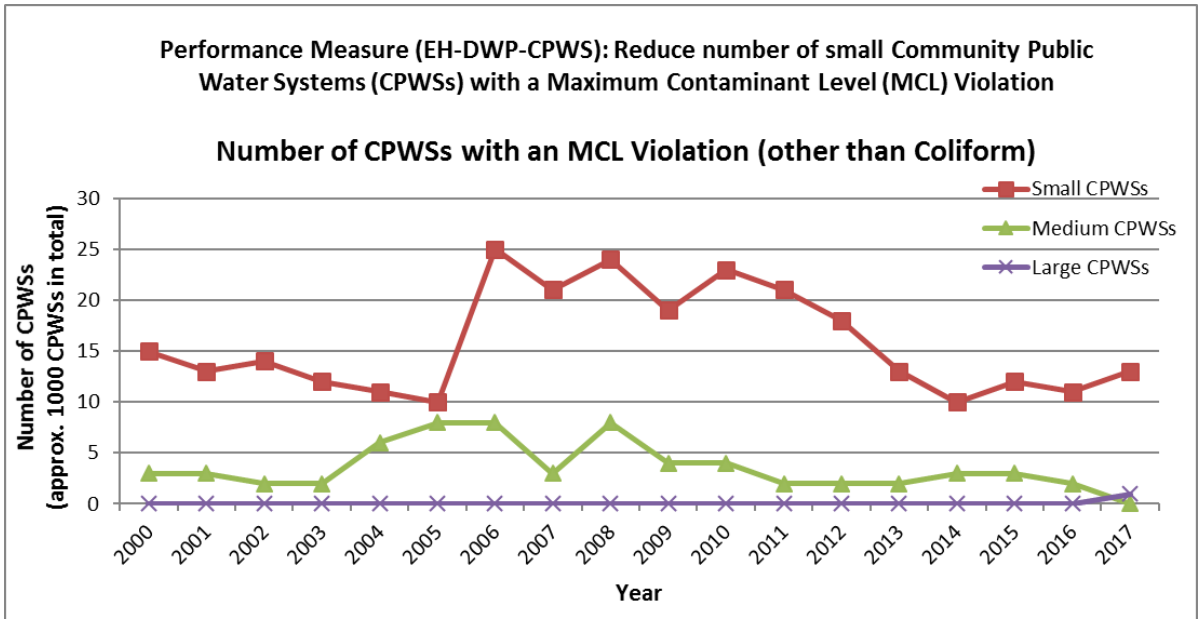
Additional funding supports MDH's ability to track contaminants and intervene before people's health is harmed. Without additional funding, MDH will have to reduce services, leaving local public water systems with a greater burden of testing and reduced technical assistance. There will likely be an increase in violations of federal drinking water standards among community public water supplies and delays in treating contaminants as MDH will have to rely on a protracted regulatory process. Smaller, rural systems with smaller customer bases will have fewer resources for testing, investigations, and infrastructure improvements.

Equity and Inclusion:
Smaller public water supply systems in greater Minnesota face challenges due to their smaller customer base and lack of technical resources. Monthly rates for water tend to be higher and also a larger portion of household income in greater Minnesota. In other states that do not have a proactive technical assistance model, these smaller systems are left to linger with inconsistent monitoring or a series of violations while contamination

problems await resolution. Smaller systems and the people they serve benefit from consistent and accurate water quality monitoring and expert technical assistance as they consult with MDH staff to prevent problems. Timely technical assistance, grants, and loans keep manufactured home parks in business and provide affordable housing in very limited, rural markets.

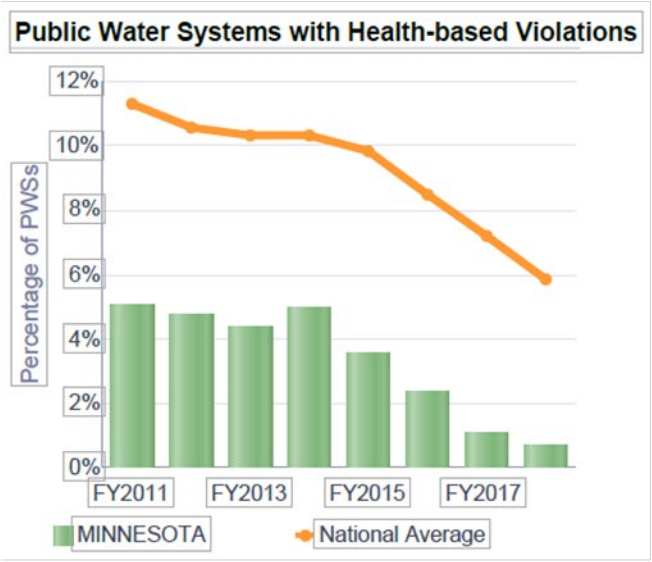
Results:

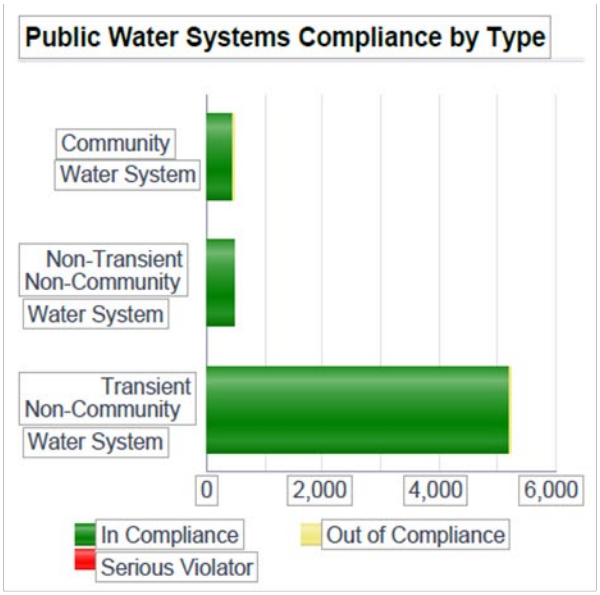
More than 99 percent of Minnesotans served by community water systems have drinking water that meets or exceeds safe standards, a performance indicator included on the Minnesota Dashboard (https://mn.gov/mmb/mn-dashboard/health/safe-drinking-water/). Overall, and in comparison to national averages, Minnesota has an outstanding record of compliance with the Safe Drinking Water Act. Our robust system of monitoring and specialized engineering support is largely invisible, but not invincible.

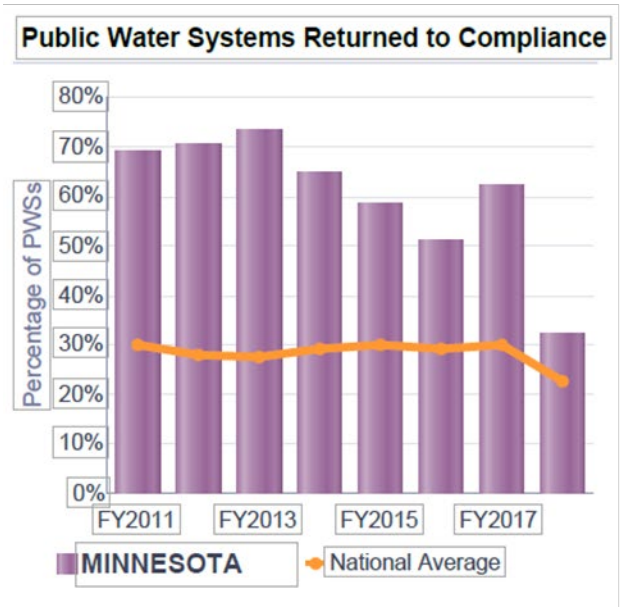


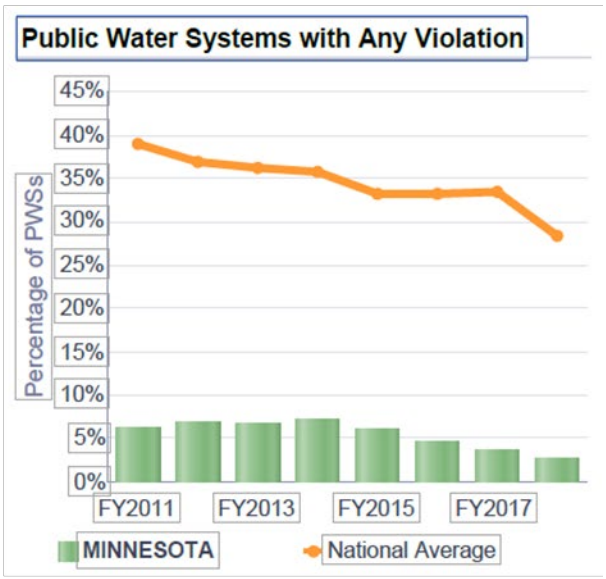
Small community water systems have as many as five times the violations as medium or large systems.

Comparisons of Minnesota Results with National Averages









Statutory Change(s):
Minnesota Statutes, Section 144.3831

Change Item Title: Operating Adjustment

Fiscal Impact ($000s)	FY 2020	FY 2021	FY 2022	FY 2023
General Fund				
Expenditures	1,360	1,789	1,789	1,789
Revenues	0	0	0	0
State Government Special Revenue				
Expenditures	798	1,480	1,480	1,480
Revenues	0	0	0	0
Health Care Access Fund				
Expenditures	202	349	349	349
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	2,360	3,618	3,618	3,618
FTEs	**16**	**28**	**28**	**28**

Recommendation:

The Governor recommends additional funding of $2.360 million in FY 2020 and $3.618 million each year thereafter to maintain the current level of service delivery at the Minnesota Department of Health (MDH).

Rationale/Background:

Each year, the cost of doing business rises—employer-paid health care contributions, pension contributions, FICA, and Medicare, along with other salary and compensation-related costs increase. Other operating costs, like rent, IT and legal services also grow. This cost growth puts pressure on agency operating budgets that remain flat from year to year.

Agencies face challenging decisions to manage these costs within existing budgets while maintaining the services Minnesotans expect. From year to year, agencies find ways to become more efficient with existing resources, however, cost growth typically outstrips efficiencies, and without additional resources added to agency budgets, service delivery erodes.

For MDH, an erosion of services could result in some or all of the following:

- Delays in forwarding reports of elevated blood lead levels in children to the appropriate local agencies for follow up; timely follow up is important so local agencies can identify the source of the lead and ensure the children receive appropriate follow up medical care.
- Decreased ability to ensure trauma care in rural hospitals meets minimum standards for rapid treatment of life-threatening injuries. Elimination of education and training for trauma hospital staff in rural areas.
- Less capacity to establish health risk limits used to determine when contaminants in groundwater pose a risk to human health; with 84,000 chemicals in use and 700 new chemicals introduced every year, updating risk limits regularly is important to keep pace with changes in the contaminants present in our environment.
- Delays in laboratory testing to determine if a person has been exposed to rabies; time is off the essence with rabies testing because giving rabies shots to people who don't need them puts people at risk for side effects and puts extra burden on the health care system since it is cheaper to do a rabies test than to administer the shots.
- Inability to properly maintain laboratory equipment used to test for infectious diseases like measles, mumps, influenza, and Zika, which could cause delays in testing if equipment doesn't function properly.

MDH performs over 12,000 tests for these diseases each year. Rapid testing for these diseases is critical so that public health interventions can stop the spread of diseases. Also, since laboratory testing is less expensive than public health interventions that are ultimately unnecessary, maintaining rapid response capability in the laboratory ensures cost-effective use of public health resources.

- Less capacity to test for radiation in the environment near nuclear power plants, to ensure people living near power plants are not exposed to the harmful effects of radiation.
- Inability to meet state match requirements for federal funds used to increase access to oral health care for underserved populations in Minnesota.
- Less capacity to administer the Safe Harbor for Youth program which connects victims of sexual exploitation with supportive services, shelter, and housing. MDH staff coordinate a system of regional navigators who connect youth to services and train educators, law enforcement professionals, social service providers, and other community members on how to best serve youth who have been sexually exploited.
- Less flexibility to respond to state-level priorities and emergencies. More than half of MDH funding comes from federal grants with specific requirements, so general fund budgets are the primary funding to address state-specific priorities. As state budgets become more stretched, we are unable to respond as quickly or as effectively to local priorities as Minnesotans have come to expect.
- Decreased ability to ensure effective and appropriate use of grant dollars. More than half of MDH funding goes out the door in grants. With fewer grants management staff, MDH cannot monitor grantees' use of funds in accordance with state law and federal guidelines. With fewer staff, MDH cannot provide meaningful technical assistance to grantees and to evaluate how grant dollars improve public health.

Proposal:

The Governor recommends increasing agency operating budgets to maintain the delivery of current services. For the Minnesota Department of Health, this funding will cover anticipated cost growth in employee compensation, including employer-paid insurance; technology services provided by MN.IT; and leased space maintained by the Department of Administration.

In the FY20-21 biennium, MDH will transition from a local to an enterprise service delivery model for workstation management (laptop/desktop computer support and refresh) and service/help desk support. Regular replacement of workstations will be included as part of the service rate, in order to ensure the security and supportability of state agency computers. MDH will also transition to the enterprise service/help desk, which provides 24/7 support to agency staff.

In addition, for the FY20-21 biennium, MDH's portion of MN.IT administrative overhead expenses is projected to increase. MN.IT overhead expenses include HR, finance, procurement, enterprise project management, and security activities. These expenses are allocated to agencies based on their total IT spend and total number of dedicated MN.IT staff as of fiscal year 2017.

Results:

This proposal is intended to allow MDH to continue to provide current levels of service and information to the public.

Statutory Change(s):

N/A

Change Item Title: Community Solutions for Healthy Child Development Grant

Fiscal Impact ($000s)	FY 2020	FY 2021	FY 2022	FY 2023
General Fund				
Expenditures	2,000	0	0	0
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	2,000	0	0	0
FTEs	**1.5**	**0**	**0**	**0**

Recommendation:

The Governor recommends $2 million in FY 2020, available to be spent over the next four years, to support and promote health and racial equity for young children and their families. The Minnesota Department of Health (MDH), in collaboration with community partners, will reduce racial disparities in children's health and development, from prenatal to 3rd grade, and promote racial and geographic equity.

Rationale/Background:

Minnesota is home to roughly 423,100 children under the age of six of which about 30 percent are children of color or American Indian children. Of the 30 percent, 69 percent live in the moderate to high and high composite risk counties. This further describes economic, health, and family stability risk factors that are at play throughout Minnesota.[1] Cumulative risk can cause toxic stress and have a compounding effect throughout life – negatively affecting children's brain development, learning ability, and lifelong health and well-being. While no single risk factor determines a child's developmental trajectory, cumulative risk is the most predictive of adverse outcomes in childhood and across the lifespan. Communities of color and Tribal communities report strength in culture and community and the support of these strengths may mitigate the effects of cumulative risk. Supporting economic stability and safe, stable, and nurturing relationships and environments (as defined by communities) at home, at school, and in community systems are top priorities to promote healthy development and well-being for pregnant and parenting families with young children.

Supporting cultural and community strengths builds capacity for action and requires the commitment to developing authentic partnerships that lift up community voice and co-creates solutions. Developing authentic partnerships drives sustainable change to equitably support healthy development and well-being for pregnant and parenting families with young children. An intentional focus on families and communities experiencing racial, geographic, and economic inequity assures that their strengths will be part of solutions.

Proposal:

The Governor recommends that MDH, in collaboration with community partners, reduce the disproportionate rates of children of color, American Indian children, and rural children living in poverty experiencing the effects of cumulative risk in Minnesota. Grants will be available to Tribal and community partnerships to identify and implement strategies that promote optimal health and wellbeing for pregnant and parenting families with young

[1] Wilder (2018) Risk, Reach, and Resilience Report. Retrieved from https://www.wilder.org/wilder-research/research-library/minnesota-early-childhood-risk-and-reach#page=95

children. Grants will build on the capacity of communities to promote child and family well-being and address social determinants of healthy child development. Grants will focus on increasing racial equity and healthy child development and reducing health disparities experienced by children of color and American Indian children from prenatal to 3rd grade.

A Community Solutions Advisory Council will be appointed by the Commissioner to advise on the implementation of this proposal, development of the request for proposals, reviewing community responses to the proposals received, and advise the Commissioner on outcomes the grantees should achieve. The Council will be comprised of 12 members and be reflective of the communities experiencing the effects of cumulative risk.

A community of practice approach will be applied so that grantees and the state will have the opportunity to learn from and grow with each other. This approach also allows for determining which prevention, mitigation, and accessibility strategies are scalable beyond individual grantees.

Key MDH Activities:

- Work with the Advisory Council to:
  - Develop RFP, award, and accountability criteria related to healthy child development grants
  - Review proposals and determine awards
  - Provide disaggregated data to communities
- Provide outreach, technical assistance, and program development support to increase capacity to new and existing service providers/community partners/potential grantees
- Lead community of practice

Key Grantee Activities:

- Use data to inform decision making
- Identify practices and programs contributing to disparate outcomes related to child-wellbeing within early-learning, health and development, and economic security
- Choose or develop culturally and linguistically appropriate strategies based on community circumstances that promote program, policy, system, and environmental change to reduce community based risk and promote positive outcomes in early learning; health and development; and economic security;
- Execute strategies developed by community
- Support and participate in program evaluation

This proposal includes 1.5 FTEs over the project period to support the Advisory Committee, develop the RFP, review and award grants, provide accountability protocols, monitor grantee activities, provide oversight of funding, provide technical assistance to potential applicants and grantees, and provide analysis of data and report on findings. This proposal is expected to award approximately four grants.

Equity and Inclusion:

This proposal partners with communities experiencing the greatest amounts of risk to ensure that pregnant and parenting families with young children living with the most inequities are able to experience culturally and linguistically appropriate programs and services that work for them.

Supporting community strengths and community-sourced solutions are key strategies in achieving health and racial equity. In order to reduce and eliminate disparities in economic stability, health, and education, the inequities that exist within communities need to be addressed. Data indicates that children of color and American Indian children are living within geographic communities experiencing economic, health, and family stability risk factors at higher rates than white children. In many cases these risk factors may be caused by structural (or systemic) inequities. This proposal will work with communities to review data, clearly identify the inequities in the community, and implement community sourced solutions to mitigate and eliminate the identified inequities,

reduce risk, and promote positive outcomes for young children, their families, and the communities in which they live.

IT Related Proposals:

N/A

Results:

Results include identifying inequities and developing and implementing strategies to combat those inequities in order to promote positive outcomes in health and development. Over time, results may also include measurable reductions in community-based risk factors (economic, health, family stability) for families with young children as measured by Pregnancy Risk Assessment Monitoring System (PRAMS) and the MN Risk, Reach, and Resilience Report. For example, 51% of all children under age six live in communities within 41 counties experiencing moderate to high and high composite risk.[2] Using that as a baseline, we would be able to gauge reduction in composite risk at the county level, but also improvements in population level child and family outcomes such as, but not limited to, healthy and well-timed births, numbers of children entering the child welfare system, and the Kindergarten Entrance Profile results. Focusing our efforts explicitly on young children and families experiencing racial and economic inequities helps us to reduce risk for all people living within these geographic areas. These types of results would not be seen within the first year of the grant cycle, rather these are the types of results we would expect to see over an extended time period.

Type of Measure	*Name of Measure*	*Previous*	*Current*	*Dates*
Quantity	Number of counties designated moderate-to-high or high-composite risk	34	41	2015 2018
Quality	Culturally and linguistically appropriate strategies identified to promote health and well-being for at-risk pregnant and parenting families with young children	TBD	TBD	2020 2023
Quality	Number of implemented strategies	TBD	TBD	2020 2023

Statutory Change(s):

N/A

[2] Wilder (2018)

Change Item Title: Family Planning Special Projects

Fiscal Impact ($000s)	FY 2020	FY 2021	FY 2022	FY 2023
General Fund				
Expenditures	3,000	3,000	3,000	3,000
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	3,000	3,000	3,000	3,000
FTEs	**2**	**2**	**2**	**2**

Recommendation:

The Governor recommends an increase in funding for the Family Planning Special Projects (FPSP) program, which offer services and information that improve pregnancy outcomes. These funds will support continued statewide access to culturally appropriate family planning counseling and education, contraception services, preconception care, and sexually transmitted infection (STI) screening and treatment. Family planning is the voluntary planning and action taken by individuals to prevent, delay, or achieve a pregnancy.

Rationale/Background:

Nearly 23 percent of all pregnancies in Minnesota are unintended, with significantly higher rates among African American/Black (43 percent) and American Indian women (33.2 percent). Unintended pregnancy is a critical public health problem with consequences for infants, families, and society. Family planning services provide information and resources to families before a pregnancy to promote optimum health of the women and healthy pregnancy outcomes for the baby. Family planning services offer opportunities for parents to prepare physically and financially, take advantage of pre-pregnancy risk identification and implement appropriate management, and initiate needed changes in diet, exercise, smoking and drinking that can help ensure a healthy pregnancy outcome. Unintended pregnancies are associated with economic hardship, poor child health and development, and child abuse and neglect. In 2018, family planning grantees reached 96,000 individuals through activities such as classes and health fairs and provided reproductive health counseling to over 40,000 individuals. These providers, positioned throughout the state, assure access to services and to culturally appropriate care and translation services to populations with the most significant disparities.

Sexually transmitted infections rates continue to rise in Minnesota. In 2017, the number of new chlamydia, gonorrhea, and syphilis cases combined increased by 8 percent in 2017 compared to 2016. Persons of color continue to be disproportionately affected by STIs. Chlamydia rates are almost ten times higher for African Americans and five times higher for American Indians in Minnesota than they are for whites. Asian and Pacific Islanders experience chlamydia rates twice as high and Hispanics three times higher as that in the white population. STIs can have serious consequences for the family. Family planning visits include prevention, testing, and treatment for STIs.

The Family Planning Special Projects program has provided low-income, high-risk individuals with pre-pregnancy family planning services since 1979. Cities, counties, tribal governments, and nonprofit organizations are eligible applicants and provide family planning services, including STI screening, in communities located throughout the state. Funding is competitive within regions and distributed on a population-based formula to eight regions of the state to assure statewide access. In FY 2018, over 40,000 individuals received family planning counseling with

almost 30,000 individuals receiving family planning methods and over 27,000 individuals receiving chlamydia screening. For the FY 2019 grant year, $6.353 million in family planning special project funds were awarded to 24 grantees providing statewide access to reproductive health services.

Proposal:

This proposal increases funding to the Family Planning Special Project program by $3 million per year to address disparities in access to reproductive health information and services, improve pregnancy outcomes, and reduce the number of unintended pregnancies. Since the grant applications for the last funding cycle exceeded current funding, the additional appropriation will allow MDH to meet more of the demonstrated need for family planning services and to reach those populations disproportionately impacted by poor pregnancy outcomes. Of the total requested, $2,740,000 is to expand grants to communities. This proposal also provides $260,000 a year for MDH to manage and oversee funding, coordinate reproductive health efforts with Title X and Medicaid, and to promote best practices such as STI screening and treatment. We anticipate an additional 14,500 individuals will receive family planning information and services ultimately leading to better birth outcomes and healthier children.

Equity and Inclusion:

People of color and American Indians are disproportionately impacted by unintended pregnancies, infant and fetal deaths, and STIs. Efforts to assure access and to offer culturally and ethnically appropriate reproductive health services are strategies to improve these disparities.

Results:

Type of Measure	*Name of Measure*	*Previous*	*Current*	*Dates*
Quantity	Number of individuals receiving family planning counseling services	35,882	40,267	FY 2013 FY 2018
Quality	Reduce the percentage of unintended pregnancies (PRAMS)	36.7%	23.0%	2008/ 2012-2015
Results	Reduce the percent of unintended pregnancies for African American women (PRAMS)	58.6%	43.0%	2008/2012-2015

Statutory Change(s):

N/A

Change Item Title: Groundwater Restoration and Protection Strategies (Clean Water Fund)

Fiscal Impact ($000s)	FY 2020	FY 2021	FY 2022	FY 2023
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Clean Water Fund				
Expenditures	650	650	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	650	650	0	0
FTEs	**1**	**1**	**0**	**0**

Recommendation:

The Governor recommends additional funding from the Clean Water Fund in FY 2020-21 for groundwater protection activities. This proposal supports the development of Groundwater Restoration and Protection Strategies (GRAPS) for watersheds that are engaged in developing a local comprehensive water plan, referred to as a "One Watershed, One Plan."

Rationale/Background:

Approximately 75% of Minnesotans get their drinking water from groundwater sources. Formal needs assessment studies conducted by the Freshwater Society, the University of Minnesota, the Minnesota Department of Natural Resources (DNR) and the Minnesota Department of Health (MDH) have shown that local water resource managers and technical staff in Minnesota feel ill equipped to tackle groundwater management. At the same time, changes in the local water management framework in Minnesota are creating strong reasons for comprehensive approaches (i.e. surface water, groundwater, land use management, etc.). It is neither practical nor efficient to expect local units of government to build capacity and expertise relative to groundwater at a scale equivalent to what exists at the state level. Rather, the aim of this initiative is to leverage state resources to achieve beneficial outcomes relative to groundwater protection at the local level.

Groundwater Restoration and Protection Strategies (GRAPS) is an MDH-led, multiple agency effort to distill state and local data, information, and expertise on groundwater to help local implementers set management priorities, target resources to areas where they are most needed and predict measurable outcomes. The scope of this proposal is statewide. GRAPS projects will primarily coordinate with local comprehensive watershed-scale water planning ("One Watershed, One Plan") being organized by the Board of Water and Soil Resources (BWSR). BWSR is currently staging the watershed planning efforts at a rate of 6 to 8 per year. GRAPS is one of the very few organized approaches to consider the needs of private well owners within the framework of groundwater management and thus, advances health equity. Without this initiative, groundwater management to benefit all drinking water users will be uneven across the state. The amount appropriated for this activity in the FY 2018-19 biennium was $400,000.

Proposal:

This effort will build on existing efforts supported by the Clean Water Fund to develop GRAPS for every watershed in Minnesota. The GRAPS process and associated deliverables will provide clear and concise information and strategies to local water managers (i.e., counties, soil and water conservation districts, and watershed districts). A key objective of this work is to provide the information and appropriate, actionable strategies for groundwater protection to local partners. These strategies will align with state and local priorities to justify their incorporation

into local comprehensive watershed plans. In FY 2020 and 2021, proposed funding will continue to support facilitation of interagency collaboration on GRAPS, provide grants to local partners to help pilot state/local collaboration on GRAPS and develop technological tools to provide information electronically statewide. The intent is to provide a GRAPS for each of the One Watershed, One Plans developed through BWSR. This is estimated to be 7-9 per year.

Results:

Much of this initiative is driven by gaps identified in the qualitative needs assessments described earlier. Performance will be measured, in part, by comparison of future such assessments with the existing assessments. In addition, progress can be measured by the number of completed GRAPS projects.

Statutory Change(s):

N/A

Change Item Title: Virus Study (Clean Water Fund)

Fiscal Impact ($000s)	FY 2020	FY 2021	FY 2022	FY 2023
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Clean Water Fund				
Expenditures	250	250	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	250	250	0	0
FTEs	**2**	**2**	**0**	**0**

Recommendation:

The Governor recommends funding from the Clean Water Fund in FY 2020-21 to continue a virus study. The Clean Water Fund Virus Study conducted in FY 2014-16 found higher than expected detections of viruses, bacteria, and protozoa (microbes) in groundwater-sourced drinking water at selected public water supply wells. Ninety six percent of the public water supply wells monitored had a microbial detection at least once during the study. Some of these microbes can make people sick (pathogens) and some are indicators of contamination. More in-depth analyses are needed to understand the risks and to develop strategies and tools to increase public health protection.

Rationale/Background:

A majority of the population in Minnesota drinks groundwater that has not undergone disinfection. This includes those drinking water from 35% of community public water supplies, the majority of the non-community public water systems, and the 1.1 million Minnesotans who get water from their own private wells. These populations could be subject to increased risk of illness. Consumption of contaminated groundwater is still a significant source of drinking water outbreaks in the United States. While we have few outbreaks in Minnesota, outbreaks represent only the tip of the iceberg and it is likely that additional illnesses due to groundwater contamination go unreported or unrecognized.

The Safe Drinking Water Act relies on source water protection, filtration, and disinfection to reduce and address microbial contamination health risks. The FY 2014-16 study results are concerning since monitoring for pathogens is prohibitive due to costs and technological limitations. Existing state and federal regulations and policies to protect groundwater-sourced drinking water may not be sufficient in protecting public health from microbial contamination and waterborne illness.

Proposal:

The goal of the proposed FY 2020-21 project is to incorporate protozoa data into the epidemiological study analyses, to verify the transport pathways of viruses and other pathogens into groundwater drinking water sources and to develop strategies to protect groundwater supplies. We will partner with Department of Natural Resources (DNR) and University of Minnesota experts and public water supply owners and operators. Funding will retain 1 hydrologist FTE and 1 senior epidemiologist FTE for two years.

Microbial contamination was intermittent but more widespread than expected. It is not clear how these microbes are reaching public water supply wells, given there are safeguards in place. We need to determine where breaches in these safeguards exist or are inadequate. Strategies must be developed to address microbial

contamination through improving safeguards and through treatment of the drinking water. An increase in funding over FY 2018-19 levels will cover both epidemiological and drinking water protection work.

Objectives:

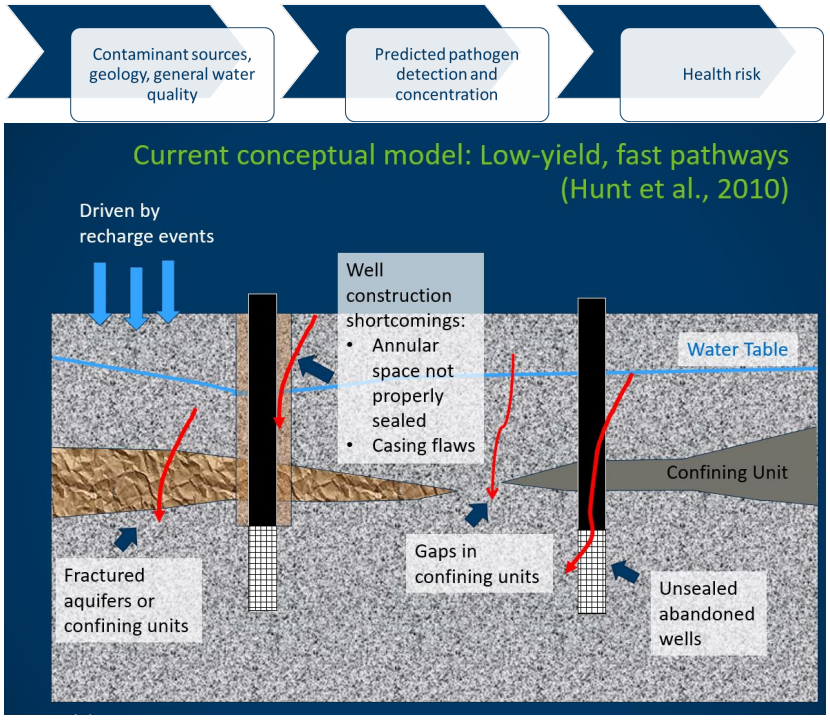
- Evaluate the risk of *Cryptosporidium* detections in public water supply wells using available illness data in Minnesota
- Verify pathogen transport pathways from contaminant sources such as buried sewers, leaky septic systems, surface water bodies or animal feedlots to well intakes
- Develop new wellhead protection measures or well code requirements based on the study results
- Define conditions when microbial risk will need to be addressed with disinfection

Equity and Inclusion:

The systems that do not provide disinfection are typically small systems and private wells and these systems will be most impacted by microbial contamination. If filtration or a new well is required, costs may be out of reach for systems without financial capacity. It is therefore important to develop targeted control strategies to ensure safe drinking water for all Minnesotans while using resources wisely.

Results:

Recommendations for wellhead protection measures, well code requirements, or treatment will better protect Minnesota's groundwater drinking water sources and reduce public exposures to waterborne illnesses due to microbial contamination. The study focuses on public water supply wells but future implications may impact the 1.1 million Minnesotans who get water from their own private wells.



Statutory Change(s):

N/A

Change Item Title: Private Well Protection (Clean Water Fund)

Fiscal Impact ($000s)	FY 2020	FY 2021	FY 2022	FY 2023
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Clean Water Fund				
Expenditures	850	850	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	850	850	0	0
FTEs	**3.75**	**3.75**	**0**	**0**

Recommendation:

The Governor recommends funding from the Clean Water Fund in FY 2020-21 to reduce health risks from drinking water for private well owners. This proposal increases understanding of the magnitude and occurrence of contaminants in private wells and increases testing and treatment of private well water through education and outreach. As a result of this proposal, a lower percentage of new private wells will have arsenic or nitrate levels above the drinking water standard and a higher percentage of Minnesota private well owners will regularly test their well water and treat it appropriately when necessary.

Rationale/Background:

Approximately 1.2 million Minnesotans rely on a private well for their drinking water supply. In contrast to highly monitored water public water supplies, water from a private residential well is not required to meet Safe Drinking Water Act standards and any actions to sample or treat depend on the owner's initiative and vigilance. Minnesota Rules require that water samples from newly constructed private wells be collected and analyzed for nitrate, arsenic, and coliform bacteria (wells cannot be put into service until the well tests negative for coliform bacteria).

- About 40% of newly-constructed wells have detectable levels of arsenic and about 10% of new wells have arsenic levels above 10 micrograms per liter–the Safe Drinking Water Act standard.
- About 1% of newly constructed wells have a nitrate level above 10 milligrams per liter—the Safe Drinking Water Act standard. However, the Minnesota Department of Agriculture Township Testing Program found a much higher percentage of wells in the central and southeastern regions of the state have elevated levels of nitrate.

MDH provides brochures about arsenic and nitrate to well owners who have an elevated level of arsenic or nitrate in their new well. However, it is the well owner's responsibility to decide whether they will continue testing their well water or take protective action to reduce their household's exposure to a contaminant.

In 2016, MDH used Clean Water Fund dollars to conduct a survey with 798 households on private wells with elevated levels of arsenic to learn whether the households took action to reduce their exposure to arsenic and what hinders or encourages them to test their well water. MDH is using the results of this survey to conduct evidence-based outreach. The survey found about 34% of the respondents did not take action to reduce their exposure to arsenic and that less than 20% of the respondents had tested their well water within the last two years. This initiative will continue work started during the previous biennia to increase private well owners' knowledge about well water contaminants, make private well testing and treatment more feasible, and to develop information and guidance to reduce risk to private well owners. The amount appropriated for this activity in the FY 2018-19 biennium was $800,000.

Proposal:

This proposal will further the groundwater quality goal set forth in the Clean Water Fund Roadmap: 50% decrease in the number of new wells that exceed the Safe Drinking Water Act standard for arsenic and a 20% decrease in nitrate levels in groundwater by 2034. This proposal provides the resources to work toward this goal.

This proposal also supports the investigation of additional contaminants (such as radium) in Minnesota's groundwater. Developing a better understanding of the magnitude and occurrence of these contaminants will help find ways to better protect private well owners' health.

Finally, this proposal provides resources to increase the rate of testing and treatment among private well owners. Funds will be used to improve and expand existing educational resources for private well owners and local partners and will include small-scale grants to local agencies to provide subsidized water-testing services in their communities. This proposal supports and equips hydrological and planner staff positions at MDH. Partners in this effort include Minnesota Department of Agriculture, Minnesota Pollution Control Agency, United States Geological Survey, local governmental agencies, and private well owners. The proposal includes grants in FY 2020-21 to local governments for education and outreach efforts.

Equity and Inclusion:

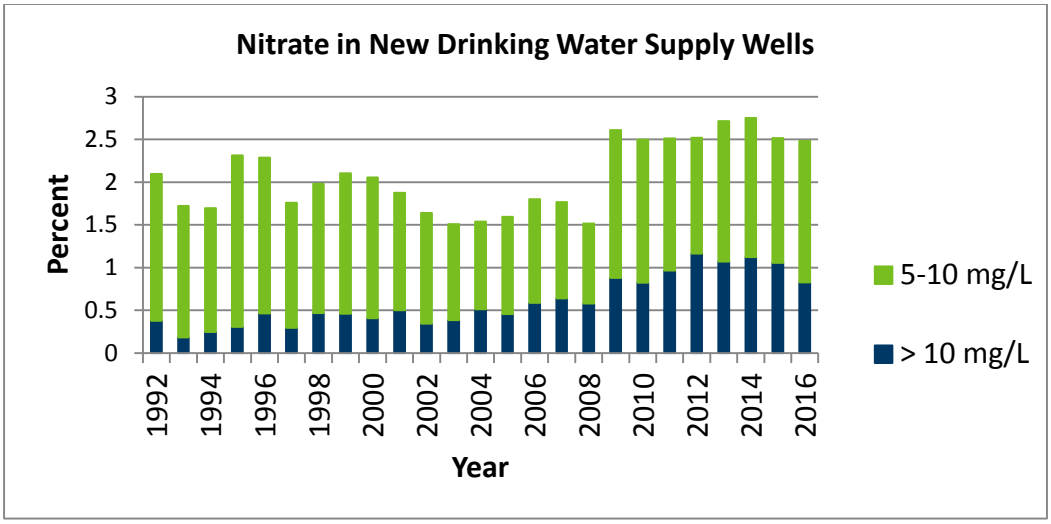
This proposal focuses on health equity for people who get their drinking water from a private well. Private well owners are not afforded the same water quality safeguards as people who get their water from public water systems. While public water systems make sure water is safe for the consumers, private well owners are responsible for making sure their water is safe for everyone in the household to drink. This proposal will also facilitate translating educational materials into appropriate languages to ensure all Minnesotans on private wells have access to information about how they can protect their private well water.

Results:

To date, this effort has conducted studies to better understand the occurrence of arsenic in Minnesota groundwater and the most effective sampling methods to get an accurate result of the long-term arsenic level in well water. A survey with 798 private well owners in Minnesota provided evidence on how to most effectively reach out to private well owners, persuade them to test their well water, and treat when necessary. An interdisciplinary team works on implementing outreach strategies informed by the survey results.

Going forward, this effort is intended to:

- Increase understanding of the occurrence and distribution of arsenic and other contaminants in Minnesota groundwater.
- Help reduce the percentage of new private wells that have arsenic levels above the Safe Drinking Water Act standard by 50% by 2034.
- Help reduce the levels of nitrate in groundwater by 20% by 2034. Since 2014, there has been a slight decrease. It is not clear if there is a relationship between this trend and actual nitrate levels in groundwater since new well construction is not uniformly distributed across the state and the number of new wells is not consistent from year to year.



- Increase the percentage of private well owners who regularly test their well water (baseline is the 2016 Private Well Household Survey that found less than 20 percent of respondents had tested their well water within the past two years).
- Increase the percentage of private well owners who take protective action when notified of an unsafe level of arsenic in their drinking water (baseline is the 2016 Private Well Household Survey that found 64% took protective action after learning their well water had an elevated level of arsenic.)

Statutory Change(s):
N/A

Change Item Title: Drinking Water Protection (Clean Water Fund)

Fiscal Impact ($000s)	FY 2020	FY 2021	FY 2022	FY 2023
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Clean Water Fund				
Expenditures	350	350	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	350	350	0	0
FTEs	**1**	**1**	**0**	**0**

Recommendation:

The Governor recommends funding from the Clean Water Fund in FY 20-21 in drinking water protection planning. This proposal supports a two phased approach to individual actions that protect Minnesota's drinking water as well as the development of a statewide, multi-agency Drinking Water Protection plan.

Rationale/Background:

Drinking water should be safe for everyone, everywhere in Minnesota. People who drink from private wells do not have the same protections as those who drink from public water supplies. Yet even for public water systems, new threats that are not addressed by the federal Safe Drinking Water Act (SDWA) have increased in recent years. This initiative engages local and national experts to develop an action plan and policies that go beyond current regulatory requirements to address emerging threats and ensure long-term safe drinking water in Minnesota.

The amount appropriated to this initiative in the FY 2018-19 biennium was $300,000. FY18-19 activities that were conducted in collaboration with the University of Minnesota's Water Resource Center and the Humphrey School of Public Affairs, include:

1. Conducting an analysis to determine the scope of the lead problem in Minnesota's drinking water and estimate costs to eliminate lead exposure in drinking water
2. Developing public health policies and an implementable action plan to address emerging threats and ensure long-term safe drinking water in Minnesota.
3. Identifying the regulatory, technological, and behavioral barriers that need to be overcome to implement cost-effective public health policies and actions to address emerging threats.

Proposal:

We propose the continued development of public health policies and actions to address individual emerging threats and ensure long-term safe drinking water in Minnesota. Ensuring safe and sufficient drinking water to protect public health and meet citizen expectations for safe and reliable drinking water will require a series of strategic safeguards from our drinking water sources to the taps in our homes, and state policies that go beyond the minimum requirements of the federal Safe Drinking Water Act. Prevention of threats to the safety of our drinking water requires new partnerships, expertise from national and local experts, and academic institutions to help identify the regulatory, technological, and behavioral barriers that need to be overcome to develop public health policies and actions that are the most cost-effective to address emerging threats.

Lead is a component of many drinking water service lines and plumbing systems, particularly in older homes and buildings. As there is no safe level of lead exposure, it is critical to better understand the level of lead in drinking water to determine appropriate actions. Based on the scope of the lead problem in Minnesota's drinking water and expected costs as outlined in the MDH 2018 reducing exposure to lead in drinking water report, we need to develop a prioritized, cost-effective implementation plan that reduces lead exposure to the lowest level practical.

At this time, there is no comprehensive, statewide plan for protecting Minnesota's drinking water within the context of broader water resource efforts. Minnesota's transition to the watershed approach and limited local capacity for groundwater protection signal the need for increased integration of drinking water concerns into Clean Water Act implementation and local planning processes. We propose to use the recommendations of the expert and stakeholder panels to create a statewide drinking water protection strategic plan that includes both public and private drinking water and fully integrates drinking water protection into the watershed management framework used by the Executive Branch water agencies.

Equity and Inclusion:

Inequities exist for smaller, rural systems that lack large customer bases to share the costs of new infrastructure. Private well owners are responsible for testing and treating for contaminants in their home wells, but often lack technical understanding or the resources for testing and treatment. Both public water systems and private well owners bear the cost of treating for contamination from sources outside of their control.

Results:

The Future of Minnesota's Drinking Water workgroup at the University of Minnesota is responsible for establishing an expert panel, a broad stakeholder group, and a series of deliverables. These deliverables include:

- Review of the lead report (complete)
- Analysis of other jurisdictions' policies regarding drinking water and contaminants
- Recommendations for public engagement related to drinking water risk management
- Recommendations for a risk management framework for Minnesota

Statutory Change(s):

N/A

Change Item Title: Source Water Protection (Clean Water Fund)

Fiscal Impact ($000s)	FY 2020	FY 2021	FY 2022	FY 2023
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Clean Water Fund				
Expenditures	2,747	2,747	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	2,747	2,747	0	0
FTEs	**15.09**	**15.09**	**0**	**0**

Recommendation:

The Governor recommends funding from the Clean Water Fund in FY 20-21 to address source water protection planning and implementation. Source water protection planning is a science-based process to manage and protect sources of drinking water used by public water systems. Protection and management of drinking water sources is one of a series of solutions promoted by the Minnesota Department of Health (MDH) to help public water systems manage their water system and deliver safe drinking water at a low cost. Implementation of the plans is supported by a grants program. This proposal continues MDH's work to accelerate source water protection planning and implementation for all public water systems in the state.

Rationale/Background:

The 2008 Clean Water Land and Legacy amendment to the Minnesota constitution has provided the impetus for change in many aspects of land and water resource management in the state. A key objective of the amendment is to protect drinking water sources. Source water protection connects water resource work with public health protection and is a critical complement to other Safe Drinking Water Act programs. It focuses on safeguarding the sources of supply for the 80% of Minnesotans who receive their drinking water from a public water supply. Prior appropriations from the Clean Water Fund allowed MDH to increase the rate at which source water protection plans have been developed and implemented for public water systems. However, most public water systems have yet to complete planning efforts aimed at protecting their drinking water sources. The performance measure we use for source water protection is the number (and associated population) of community public water systems in Minnesota with MDH-approved source water protection plans. That measure has been increasing in recent years in large part because of Clean Water Fund support.

In addition, Clean Water Fund support has also stimulated the evolution and development of a host of other activities in the water resource management arena. The rapid change that is taking place within the context of water resources has exposed some limitations and shortcomings of the Source Water Protection program. We therefore seek 1) to continue our existing plan development and implementation work and 2) to expand it for surface water systems and to dovetail cleanly with the planning and implementation efforts of our local partners. The amount appropriated for this activity in the FY 2018-19 biennium was $5.494 million; this proposal requests the same level of funding.

Proposal:

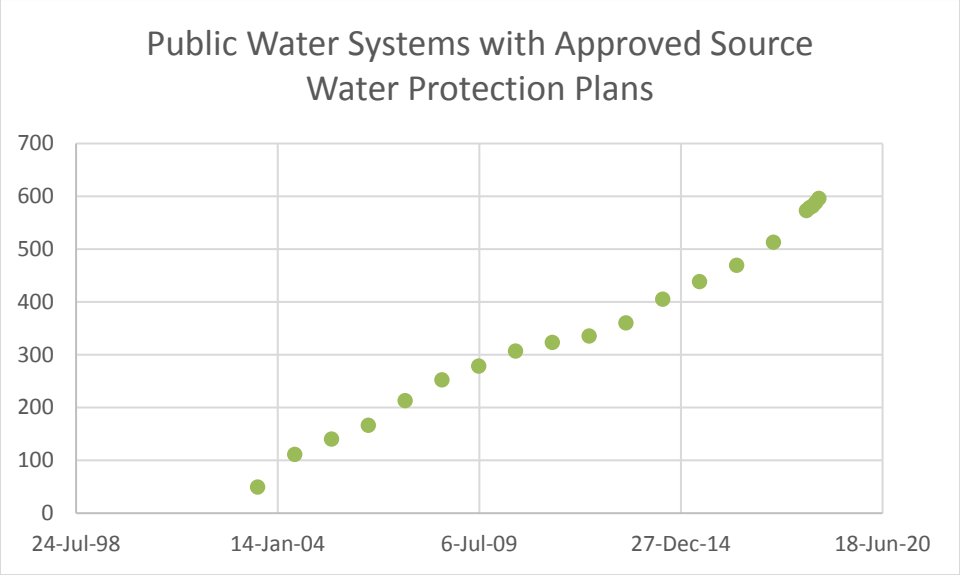
While Source Water Protection planning for groundwater-based public water systems is required under Minnesota Rules (4720.5500 – 4720. 5590), lack of resources available to conduct this work has hampered the pace of progress for the 960 community public water supplies in Minnesota. Additionally, there is neither the

authority to mandate that surface water based public water systems engage in source water protection planning and implementation, nor the resources to induce them to do so voluntarily. Lastly, an integral part of effective implementation of source water protection activities requires that MDH strategically engage local officials. The framework for doing this is rapidly developing because of recent legislative directives and availability of Clean Water funds.

Clean Water funds will be used to continue providing assistance for Source Water Protection planning and implementation work which has focused on communities with vulnerable water supplies and small public water systems that are challenged by health equity issues. Additional work will address gaps in source water protection planning and implementation for surface water systems. There will also be an effort to increase coordination and integration with the state's comprehensive watershed planning efforts. Three FTEs were added in FY 2018-19 to address these deficiencies and their efforts will be supported moving forward. In addition, grant funds will be made available to assist surface water based systems with their source water protection efforts

Equity and Inclusion:
The work of the Source Water Protection program affects all Minnesotans because they depend on clean, safe drinking water sources. Health equity considerations are used in determining priorities, making grants, and communications.

Results:
The graph below shows the number of source water protection plans approved by the MDH.



The Source Water Protection grants program exists to facilitate the implementation of source water protection efforts. Since inception of the SWP Grants program in 2010, the program has executed 709 grant agreements and distributed over $5.08 million to public water systems across the state. In addition, these grants leveraged an additional $5 million in cost share to support local implementation of source water protection efforts. In FY18, 107 grants were issued, totaling $803,000.

Statutory Change(s):
N/A

Change Item Title: Contaminants of Emerging Concern (Clean Water Fund)

Fiscal Impact ($000s)	FY 2020	FY 2021	FY 2022	FY 2023
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Clean Water Fund				
Expenditures	1,500	1,500	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	1,500	1,500	0	0
FTEs	**8**	**8**	**0**	**0**

Recommendation:

The Governor recommends funding from the Clean Water Fund in FY 20-21 to address contaminants of emerging concern (CECs). CECs are often chemicals that the scientific community knows little about, especially their potential impact on people's health. This proposal continues the Minnesota Department of Health's (MDH) work to address the health risks of CECs in water.

Rationale/Background:

Studies are finding unexpected chemicals in lakes, rivers, and groundwater and health officials need to understand if people's exposures to these chemicals could pose a health risk. There are over 84,000 chemicals in commercial use with 700 new chemicals being introduced every year. The Drinking Water Contaminants of Emerging Concern initiative investigates and communicates the exposure potential and health risk of CECs in groundwater and drinking water. The program develops human health-based water guidance values (i.e., how much of a substance is safe to drink). These guidance values are developed using available toxicity and exposure information. MDH scientists calculate guidance values that will protect people who drink from a water source for different time periods, whether briefly, occasionally, or daily for a lifetime. The work is facilitated by collaborative relationships with the public; various local, state, and federal government agencies; academic organizations; non-profit groups; industry groups; and drinking water and wastewater professional organizations. Guidance values are primarily used by MDH and partner agencies (Minnesota Pollution Control Agency and the Minnesota Department of Agriculture) to evaluate groundwater, surface water, or drinking water quality to determine if response actions are needed under their specific authorities. In the first 10 years of funding towards these special projects, 17 total special projects were conducted with these organizations.

Results from new monitoring efforts can help inform the selection process for contaminants relative to the development of health-based guidance values. The amount appropriated for this activity in the FY 2018-19 biennium was $2.2 million; the increased request is to support CEC monitoring efforts at selected public water systems statewide.

Proposal:

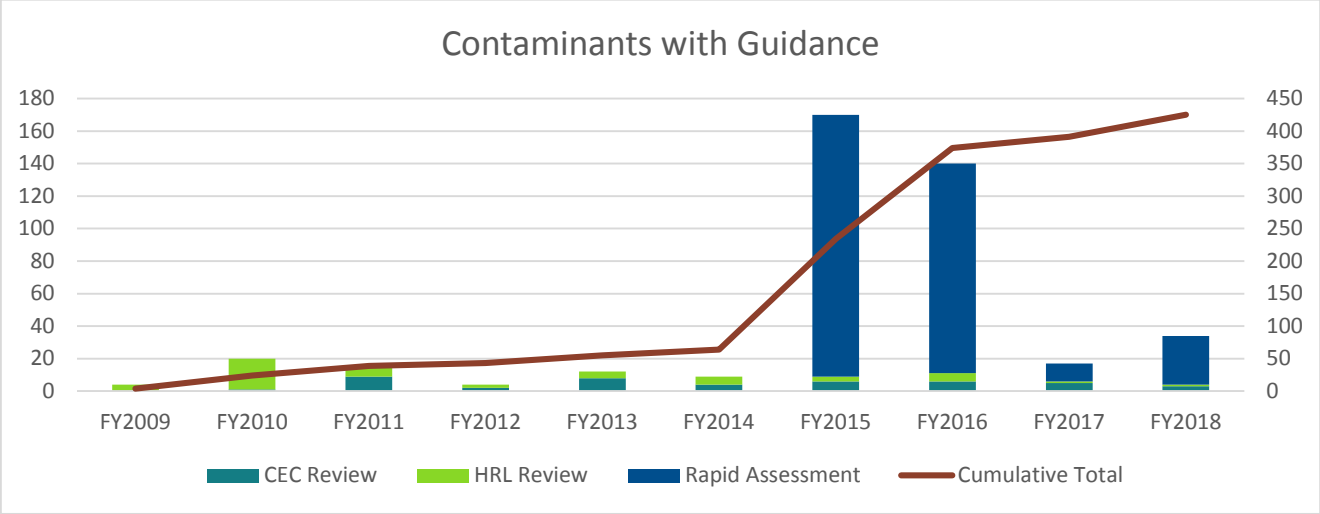
This proposal maintains the scientific capacity of the CEC initiative to investigate and communicate the exposure potential and health risks of CECs in drinking water. MDH will collect new data and develop new models and methods in risk assessment for emerging concerns in water. MDH will also continue the work of the public health laboratory to test for CECs in water supplies. Additional effort will be put into developing rapid assessment values for groups of chemicals where appropriate, allowing for a greater program output that better meets customer needs. The agency will provide up to $150,000 in grants each year to local or tribal governments, non-profits,

academic institutions, or water resource organizations to reduce the health impacts associated with exposure to CECs in drinking water. Depending on the request submitted, this level of funding could support anywhere from four to twenty individual grants.

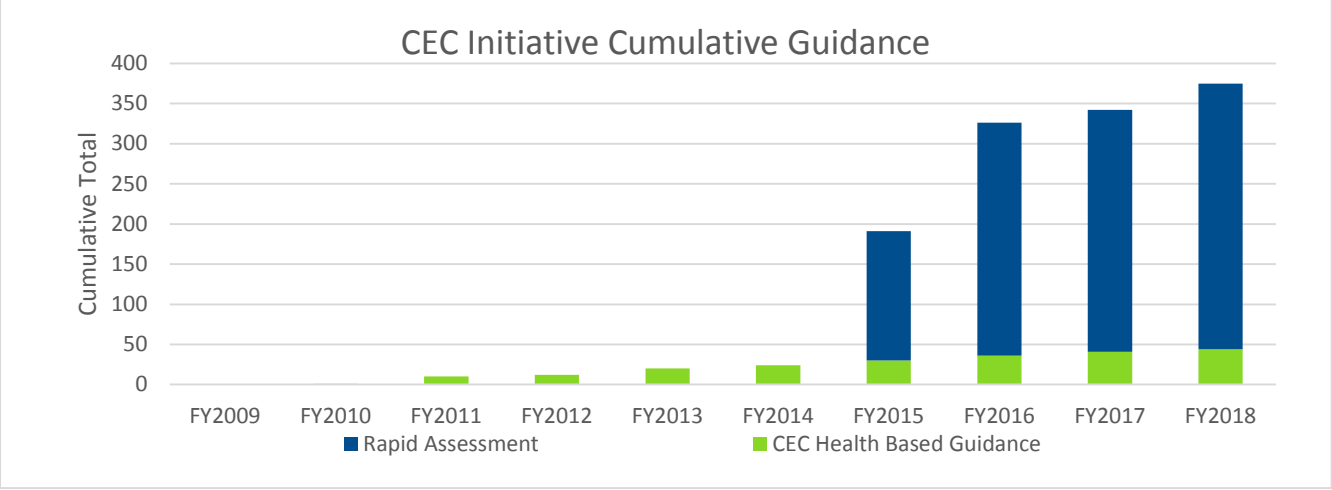
Equity and Inclusion:
The work of the CEC program affects all Minnesotans because they depend on clean, safe drinking water sources. Where possible, health equity considerations are used in determining priorities, making grants, and communications.

Results:
The CEC initiative is within the Health Risk Assessment (HRA) unit, which protects human health by providing health-based guidance to the public, risk assessors, and risk managers so that drinking water exposures are managed, pollutants remediated, and water contamination prevented. The chemicals selected and the type of value developed are intended to meet the needs of state programs and public interests.

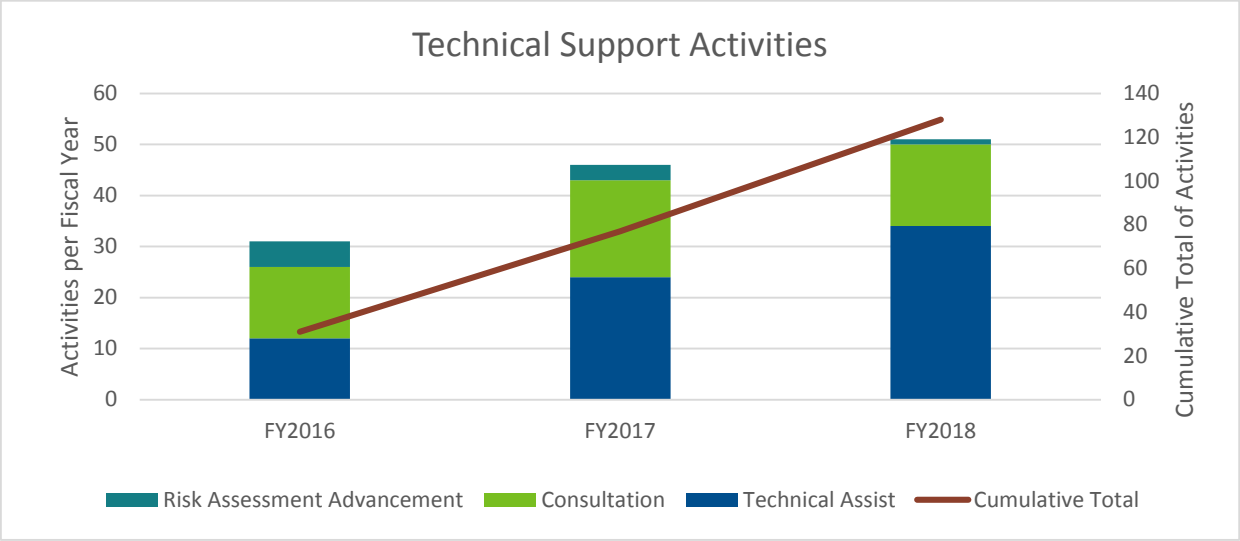
The graph below shows the number of chemical-specific health-based guidance and rapid assessments developed per fiscal year by both the CEC initiative as well as existing Health Risk Limits program in the HRA unit and the cumulative total contaminants with guidance available.



The graph below shows the cumulative guidance completed specifically in the CEC initiative, including health-based guidance derived and rapid assessments.



The HRA unit is also called upon to offer technical assistance to other governmental programs and citizens. This assistance can range from providing general risk advice (Technical Assist) to review, interpretation, and quantification of risk (Consultation). Staff from the HRA unit are also actively involved in improving the science of risk assessment through participation in national workgroups (Risk Assessment Advancement). Tracking of these activities began in FY 2016. The chart below shows the number of activities completed per year as well as cumulative totals.



Statutory Change(s):
N/A

Change Item Title: Water Reuse (Clean Water Fund)

Fiscal Impact ($000s)	FY 2020	FY 2021	FY 2022	FY 2023
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Clean Water Fund				
Expenditures	275	275	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	0	0	0	0
FTEs	**.2**	**.2**	**0**	**0**

Recommendation:

The Governor recommends funding from the Clean Water Fund in FY 2020-21 to proceed with water reuse recommendations. This funding supports planning and implementation of the eight Minnesota-specific water reuse recommendations outlined in the interagency report, *"Advancing Safe and Sustainable Water Reuse,"* released in March 2018. Interagency partners include the Departments of Health (MDH), Natural Resources (DNR), Labor and Industry (DLI), Minnesota Pollution Control Agency (MPCA), Board of Water and Soil Resources (BWSR), Metropolitan Council, University of Minnesota, and a citizen stakeholder group.

Rationale/Background:

There is an increasing demand by agencies, organizations, and cities in Minnesota to implement water reuse strategies including harvested rainwater, storm water reuse, and reuse of graywater and reclaimed municipal wastewater. Water reuse has the potential to reduce demand on water resources, improving long term sustainability and may help reduce the release of contaminants and sediment to surface waters. Reusing water also poses potential risks to public health and the environment. There are a variety of regulatory and non-regulatory approaches for reuse applications across the country. Currently, there is no comprehensive statewide approach for development of a regulatory or non-regulatory framework and guidance for municipalities, industries, and other parties interested in implementing water reuse. The March 2018 interagency report describes eight recommendations for clarifying regulatory requirements for reuse and providing ongoing support for this water management practice. This proposal increases funding above FY 2016-17 levels of $350,000; the water reuse project was not funded in FY 2018-19.

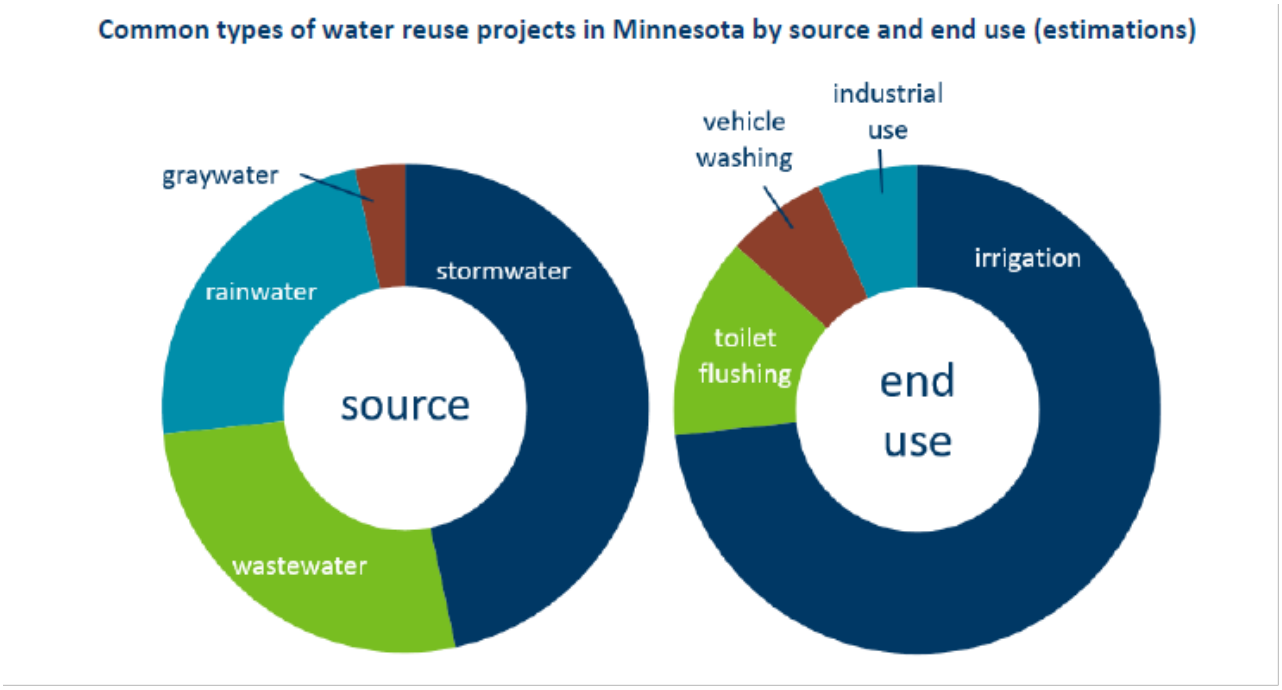
Proposal:

This proposal builds on the interagency initiative that prepared recommendations to help increase water reuse in Minnesota. The first recommendation is to create an expanded workgroup to include a broader range of practitioners, advisors, and stakeholders. The workgroup's role is to prioritize the recommendations, develop work plans, and continue development of standards and programs. The second recommendation is to address questions about water reuse by prioritizing research needs and integrating ongoing research. This proposal would fund the facilitator needed to create and manage the expanded workgroup and begin the highest priority research related to storm water reuse.

The overall goal is to move forward with the recommendations; increase water reuse by municipalities, businesses, and citizens; and reduce demand on ground and surface water resources including drinking water supplies.

Equity and Inclusion:
Water resources are managed for the benefit of all Minnesotans. Due to the low cost of both groundwater and municipal drinking water, water reuse is often more expensive than more traditional sources of water. Water reuse as a practice may be more accessible to some Minnesotans at this time. The goal is to make water reuse standards, practices, expectations, and implementation clear, consistent, and accessible to all.

Results:
The results of this proposal will be a roadmap to address the interagency report's recommendations, leading to increased safe and sustainable water reuse. Increasing water reuse may help reduce release of contaminants and sediment to surface waters and reduce demand on water resources, improving water resource sustainability.



Statutory Change(s):
None

Change Item Title: Well Sealing (Clean Water Fund)

Fiscal Impact ($000s)	FY 2020	FY 2021	FY 2022	FY 2023
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Clean Water Fund				
Expenditures	250	250	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	250	250	0	0
FTEs	**0.1**	**0.1**	**0**	**0**

Recommendation:

The Governor recommends funding from the Clean Water Fund in FY 2020-21 for well sealing. This proposal uses funds for cost sharing to help Minnesotans seal unused wells and borings, increasing the number sealed by 200 per year. Well sealing eliminates the pathway for contaminants to reach groundwater aquifers that serve as the primary drinking water source for 75% of Minnesotans.

Rationale/Background:

Unused, unsealed wells, can pose a threat to groundwater quality and public health by providing a direct conduit from the surface to groundwater—allowing contaminants to travel deep into the ground, bypassing the natural protection usually provided by layers of clay, silt, and other geologic materials. Approximately 75% of Minnesotans use groundwater as their primary source of drinking water. Although Minnesota leads the nation in sealing unused wells (the Minnesota Department of Health was awarded the Groundwater Protection Award in 2006 by the National Ground Water Association) and has sealed 300,000 wells in the past 25 years, an estimated 500,000 unused wells remain unsealed.

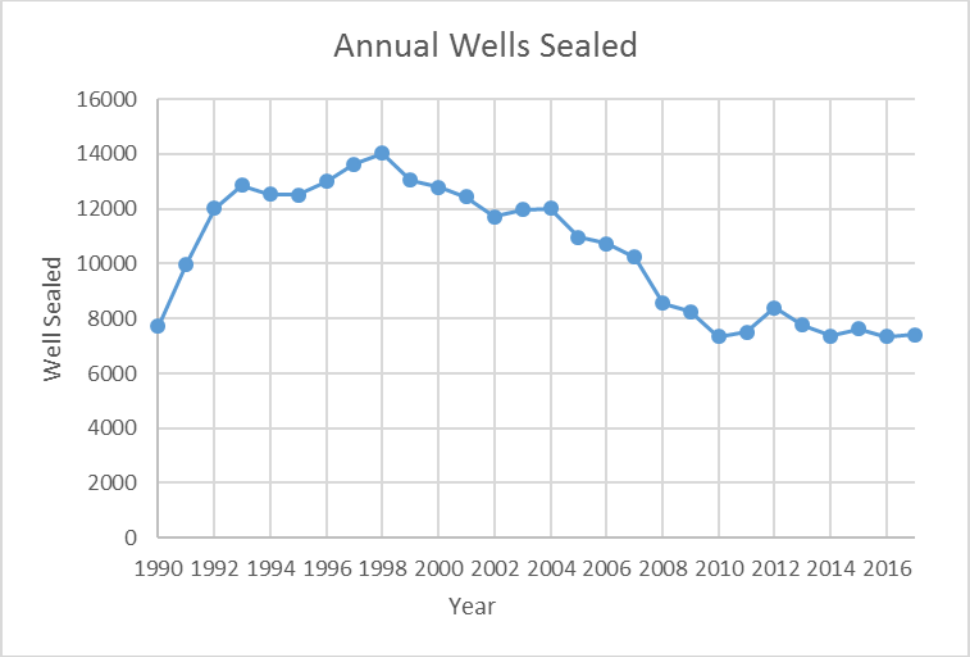
The amount appropriated for this activity in the FY 2018-19 biennium was $500,000.

Proposal:

This proposal will increase the number of unused wells sealed by 200 per year, removing potential pathways for contaminants to reach groundwater. The funds from this proposal provide incentive for well owners to seal wells through a cost share approach; they might not otherwise seal the well if they had to bear the entire cost. It also provides resources for unused public water supply wells that are often deep and large in diameter. These wells can be very costly to seal, pose a significant risk to deep aquifers and can be a physical hazard. Well owners will need to apply for cost share funding and have their wells sealed by a licensed well contractor.

Results:

Wells no longer in use are required to be sealed by a licensed well contractor. Over the past 23 years approximately 6,000 to 14,000 wells have been sealed annually. While there are limited or no records of unsealed wells, an estimated 250,000 wells in the state remain to be sealed. The recent downward trend in sealing is likely related to several factors including a reduction in property transfers and early effort to get problem wells sealed. While the financial assistance provided through this initiative is not sufficient to significantly reverse the recent trend, it will increase the rate at which wells are sealed and provide incentive to seal wells that might not otherwise be sealed. The sealing of these wells will eliminate the pathway for contaminants to reach groundwater aquifers which serve as the primary drinking water source for 75% of Minnesotans.



Statutory Change(s):
N/A

Program: Health Improvement

AT A GLANCE

Activities

- Community and Family Health
- Health Promotion and Chronic Disease
- Health Partnerships and Equity
- Statewide Health Improvement
- Health Policy
- Medical Cannabis

PURPOSE & CONTEXT

Activities in the Health Improvement budget program are responsible for maintaining and improving the health of all Minnesotans. The purpose, services, results, and authorizing statutes of each activity is described in the following pages. The fiscal page for Health Improvement reflects a summation of activities under this budget program area.

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Expenditures by Fund								
1000 - General	67,174	69,619	76,034	80,917	87,576	87,626	98,345	97,775
1100 - Medical Education & Research	79,942	78,841	79,006	79,450	78,991	78,991	78,991	78,991
1200 - State Government Special Rev	5,371	5,442	6,261	6,414	6,331	6,331	7,232	7,162
2000 - Restrict Misc Special Revenue	4,916	5,002	4,084	7,894	2,111	2,009	2,111	2,009
2001 - Other Misc Special Revenue	1,884	1,870	1,840	2,086	2,028	2,028	2,028	2,028
2360 - Health Care Access	33,432	37,147	35,640	41,113	36,790	36,190	37,442	36,539
2365 - Opioid Stewardship							6,000	9,251
2403 - Gift	21	1	24	28	6	6	6	6
2800 - Environmental	443	544	457	567	512	512	512	512
3000 - Federal	191,679	188,137	191,186	199,527	192,937	189,001	192,937	189,001
3001 - Federal TANF	8,867	13,829	11,282	11,713	11,713	11,713	11,713	11,713
Total	**393,729**	**400,432**	**405,814**	**429,709**	**418,995**	**414,407**	**437,317**	**434,987**
Biennial Change				41,361		(2,121)		36,781
Biennial % Change				5		(0)		4
Governor's Change from Base								38,902
Governor's % Change from Base								5
Expenditures by Activity								
Community & Family Health	169,359	170,193	176,294	184,742	194,390	192,095	199,458	195,225
Health Promo & Chronic Disease	24,987	27,868	30,958	37,495	32,123	30,875	42,126	44,197
Health Partnerships & Equity	45,961	46,305	46,194	49,265	48,170	48,161	48,195	48,210
Statewide Health Improvement	28,259	27,746	26,874	29,238	24,190	24,190	25,912	27,172
Health Policy	123,568	126,935	123,756	126,878	118,198	117,162	118,861	117,539
Medical Cannabis	1,595	1,385	1,738	2,091	1,924	1,924	2,765	2,644
Total	**393,729**	**400,432**	**405,814**	**429,709**	**418,995**	**414,407**	**437,317**	**434,987**
Expenditures by Category								
Compensation	42,703	45,973	46,863	50,609	48,288	47,065	50,811	49,900
Operating Expenses	29,875	30,409	33,393	48,242	39,530	36,781	43,134	40,736
Grants, Aids and Subsidies	316,477	318,290	318,727	324,761	325,120	324,804	337,315	338,594
Capital Outlay-Real Property		262	1	30				
Other Financial Transaction	4,675	5,498	6,829	6,067	6,057	5,757	6,057	5,757

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Total	**393,729**	**400,432**	**405,814**	**429,709**	**418,995**	**414,407**	**437,317**	**434,987**
Total Agency Expenditures	393,729	400,432	405,814	429,709	418,995	414,407	437,317	434,987
Internal Billing Expenditures	9,327	8,919	11,299	13,115	11,349	10,995	11,349	10,995
Expenditures Less Internal Billing	**384,402**	**391,513**	**394,515**	**416,594**	**407,646**	**403,412**	**425,968**	**423,992**
Full-Time Equivalents	**455.58**	**486.61**	**482.35**	**533.55**	**493.39**	**487.60**	**521.26**	**518.81**

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
1000 - General								
Balance Forward In	509	2,367	7	2,837				
Direct Appropriation	68,749	69,137	81,438	78,100	87,576	87,626	98,345	97,775
Transfers In	485	321	251	251	200	200	200	200
Transfers Out	167	1,011	2,777	271	200	200	200	200
Cancellations	213	1,186	48					
Balance Forward Out	2,190	7	2,837					
Expenditures	**67,174**	**69,619**	**76,034**	**80,917**	**87,576**	**87,626**	**98,345**	**97,775**
Biennial Change in Expenditures				20,157		18,251		39,169
Biennial % Change in Expenditures				15		12		25
Governor's Change from Base								20,918
Governor's % Change from Base								12
Full-Time Equivalents	85.14	82.51	76.76	91.20	88.62	89.16	103.40	104.06
1100 - Medical Education & Research								
Balance Forward In	1,282	188	651	635	176	176	176	176
Receipts	75,054	75,054	78,991	78,991	78,991	78,991	78,991	78,991
Transfers In	3,788	4,248	157	150	150	150	150	150
Transfers Out			157	150	150	150	150	150
Balance Forward Out	181	649	635	176	176	176	176	176
Expenditures	**79,942**	**78,841**	**79,006**	**79,450**	**78,991**	**78,991**	**78,991**	**78,991**
Biennial Change in Expenditures				(327)		(474)		(474)
Biennial % Change in Expenditures				(0)		(0)		(0)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents			1.35	2.15	0.75	0.88	0.75	0.88
1200 - State Government Special Rev								
Balance Forward In	8	1,042	28	100				
Direct Appropriation	6,264	6,182	6,215	6,196	6,331	6,331	7,232	7,162
Transfers In	119	118	442	118				
Transfers Out			324					
Cancellations		1,873						
Balance Forward Out	1,019	27	100					

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Expenditures	**5,371**	**5,442**	**6,261**	**6,414**	**6,331**	**6,331**	**7,232**	**7,162**
Biennial Change in Expenditures				1,862		(13)		1,719
Biennial % Change in Expenditures				17		(0)		14
Governor's Change from Base								1,732
Governor's % Change from Base								14
Full-Time Equivalents	40.39	46.17	50.11	46.59	47.40	47.04	50.48	51.90

2000 - Restrict Misc Special Revenue

Balance Forward In	7,750	6,209	7,091	5,755	329	251	329	251
Direct Appropriation	3,937	3,937						
Receipts	3,442	2,721	1,351	1,290	869	870	869	870
Transfers In	1,624	1,721	1,440	1,178	1,164	1,164	1,164	1,164
Transfers Out	3,788	4,315						
Net Loan Activity	(1,995)	237	(44)					
Balance Forward Out	6,055	5,509	5,753	329	251	276	251	276
Expenditures	**4,916**	**5,002**	**4,084**	**7,894**	**2,111**	**2,009**	**2,111**	**2,009**
Biennial Change in Expenditures				2,060		(7,858)		(7,858)
Biennial % Change in Expenditures				21		(66)		(66)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	14.61	13.12	10.18	11.66	4.57	3.90	4.57	3.90

2001 - Other Misc Special Revenue

Balance Forward In	2,139	2,055	2,274	2,026	1,594	1,242	1,594	1,242
Receipts	773	1,373	928	989	976	975	976	975
Transfers In	960	687	666	665	700	700	700	700
Balance Forward Out	1,988	2,245	2,028	1,594	1,242	889	1,242	889
Expenditures	**1,884**	**1,870**	**1,840**	**2,086**	**2,028**	**2,028**	**2,028**	**2,028**
Biennial Change in Expenditures				172		130		130
Biennial % Change in Expenditures				5		3		3
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	13.30	13.08	9.90	10.20	10.20	9.37	10.20	9.37

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
2360 - Health Care Access								
Balance Forward In	8,005	8,347	3,904	4,923				
Direct Appropriation	33,987	35,456	36,643	36,258	36,858	36,258	37,510	36,607
Open Appropriation			98					
Transfers In	2,800	2,800						
Transfers Out	3,365	3,465	67	68	68	68	68	68
Cancellations	2,209	2,197	15					
Balance Forward Out	5,786	3,794	4,923					
Expenditures	**33,432**	**37,147**	**35,640**	**41,113**	**36,790**	**36,190**	**37,442**	**36,539**
Biennial Change in Expenditures				6,174		(3,773)		(2,772)
Biennial % Change in Expenditures				9		(5)		(4)
Governor's Change from Base								1,001
Governor's % Change from Base								1
Full-Time Equivalents	62.02	66.88	65.68	75.68	75.77	75.77	77.78	79.22
2365 - Opioid Stewardship								
Direct Appropriation							6,000	9,251
Expenditures							**6,000**	**9,251**
Biennial Change in Expenditures				0		0		15,251
Biennial % Change in Expenditures								
Governor's Change from Base								15,251
Governor's % Change from Base								
Full-Time Equivalents							8.00	8.00
2403 - Gift								
Balance Forward In	91	76	79	57	31	27	31	27
Receipts	2	4	2	2	2	2	2	2
Transfers In	1	9						
Transfers Out		9						
Balance Forward Out	73	79	57	31	27	23	27	23
Expenditures	**21**	**1**	**24**	**28**	**6**	**6**	**6**	**6**
Biennial Change in Expenditures				29		(40)		(40)
Biennial % Change in Expenditures				131		(77)		(77)
Governor's Change from Base								0

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Governor's % Change from Base								0
2800 - Environmental								
Balance Forward In		75		55				
Transfers In	469	469	512	512	512	512	512	512
Cancellations		0						
Balance Forward Out	26		55					
Expenditures	**443**	**544**	**457**	**567**	**512**	**512**	**512**	**512**
Biennial Change in Expenditures				37		0		0
Biennial % Change in Expenditures				4		(0)		(0)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	3.71	3.20	2.50	2.25	2.25	2.25	2.25	2.25
3000 - Federal								
Balance Forward In	73	162	182	188				
Receipts	191,695	188,153	191,190	199,339	192,937	189,001	192,937	189,001
Transfers In	3	89						
Transfers Out		89						
Balance Forward Out	92	174	187					
Expenditures	**191,679**	**188,137**	**191,186**	**199,527**	**192,937**	**189,001**	**192,937**	**189,001**
Biennial Change in Expenditures				10,897		(8,775)		(8,775)
Biennial % Change in Expenditures				3		(2)		(2)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	234.16	257.44	263.76	291.71	261.72	257.12	261.72	257.12
3001 - Federal TANF								
Receipts	8,867	13,829	11,282	11,713	11,713	11,713	11,713	11,713
Expenditures	**8,867**	**13,829**	**11,282**	**11,713**	**11,713**	**11,713**	**11,713**	**11,713**
Biennial Change in Expenditures				299		431		431
Biennial % Change in Expenditures				1		2		2
Governor's Change from Base								0

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Governor's % Change from Base								0
Full-Time Equivalents	2.25	4.21	2.11	2.11	2.11	2.11	2.11	2.11

6000 - Miscellaneous Agency

Receipts	60	67	67	67	67	67	67	67
Transfers Out	60	67	67	67	67	67	67	67

Program: Health Improvement
Activity: Community and Family Health

health.state.mn.us/divs/cfh/program/cfhe

AT A GLANCE

2017 data indicate:

- Healthy food and nutrition services provided to over 181,000 pregnant women, infants, and young children
- Breastfeeding peer counseling services provided to 8,648 women
- Prenatal, parenting, child safety, and other support services provided to more than 15,500 pregnant or parenting women
- Family planning counseling services provided to more than 41,000 low-income or high-risk individuals
- Home visiting services provided to more than 12,200 at-risk families
- Almost 35,000 children with special health needs and their families connected to supports and services
- Teen pregnancy prevention efforts reached more than 29,500 teens
- Commodity foods provided to almost 15,000 low-income seniors every month

PURPOSE & CONTEXT

Individuals' health outcomes are greatly influenced by factors of their early-life experiences. The Community and Family Health Division improves long-term health outcomes by supporting Minnesota's children and families. Services focus on populations experiencing disparities in health outcomes including: families living in poverty, families of color, American Indian families, and children and adolescents with special health care needs. The division seeks to improve those factors that predict a child's success such as being born healthy; growing up in a safe, stable and nurturing environment; receiving adequate nutrition; early identification of health, developmental or social emotional problems with appropriate intervention; avoiding teen pregnancy and substance use; and graduating from high school.

SERVICES PROVIDED

- **Improve outcomes for children by giving them the healthy food they need for a strong body and brain**. The Women Infant Children (WIC) Supplemental Nutrition program improves the health and nutritional status of pregnant and postpartum women, infants, and young children, by providing breastfeeding resources and support, connecting families to community services, and providing nutrition consultation and nutritious food.
- **Increase the proportion of planned pregnancies, so families are better prepared to raise a child**. The Maternal and Child Health program provides pre-pregnancy family planning funds to ensure that family planning services are available to low-income and high-risk individuals across the state.
- **Support adolescents and their families so adolescents are better prepared to do well in school and to graduate**. The Maternal and Child Health program offers teen and parent education, training on supporting healthy behaviors and works with communities to support families in their development of strong, caring relationships with youth.
- **Identify children with special needs early so that they can receive services and support to help them perform better in school.** The Children and Youth with Special Health Needs program provides trainings and grants to local public health agencies so that infants and children can access early and ongoing screening, intervention, and follow-up services. The Family Home Visiting program routinely screens and refers children to appropriate services for families who are participating in their programs. The Maternal

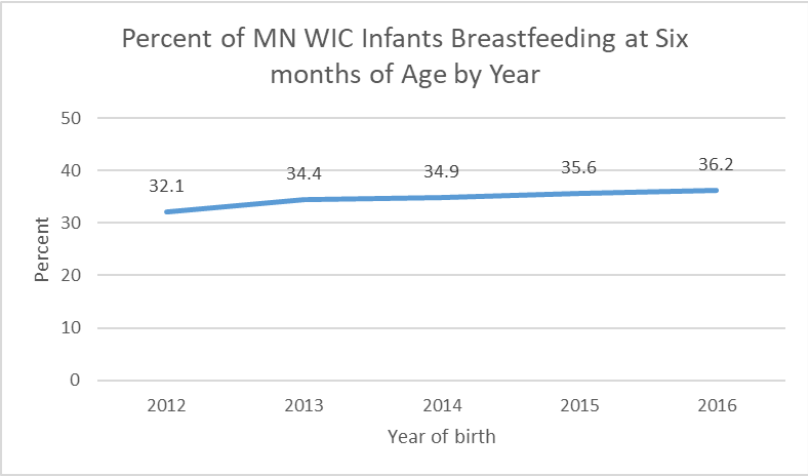
and Child Health program develops and trains health care providers on screening protocols. With early identification and intervention, children with health, developmental, or social emotional challenges are better able to catch up with their peers. Research has also shown that early intervention can have long lasting and substantial gains in outcomes such as school performance, high school graduation rates, employment, and ultimately decreased reliance on public programs.

- **Support families at risk for child abuse and neglect, poor health, and poor school performance.** The Family Home Visiting program provides consultation, training, and grants management to our grantees across the state. Family Home Visiting provides social, emotional, health-related and parenting support and information to families, while also linking them to appropriate resources. Evidenced-based home visiting programs reduce child abuse and neglect, improve maternal and child health, improve a child's readiness for school, and improve family economic stability.
- **Help children and youth with special health care needs reach their full potential.** The Children and Youth with Special Health Needs program supports infants and young children with special needs, including serious birth defects, deaf or hard of hearing, or inherited conditions to ensure they are connected to public health, primary and specialty care, and community resources. Children and families connected early to appropriate services do better than if they receive services later in life.
- **Help young children develop the skills they need to be ready for kindergarten**. The Children and Youth with Special Health Needs, Family Home Visiting and Maternal and Child Health programs provide consultation and grant funding, establish screening and referral policies, and train local public health agencies, health care clinics and providers to promote screening of all children for developmental and social-emotional delays, and screen new mothers for depression.
- **Improve the health of women so that babies are born healthy**. The Maternal and Child Health program encourages early access to prenatal care, provides necessary support services to high-risk pregnant women, and encourages preventive care and increased knowledge of healthy behaviors prior to and during pregnancy.

RESULTS

Breastfeeding

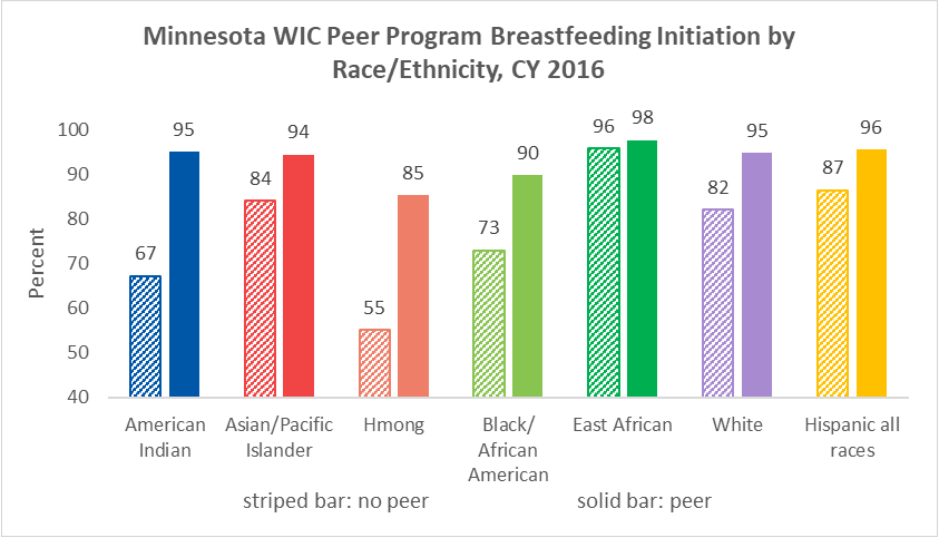
The WIC program serves approximately 40 percent of infants born in Minnesota and works to create an environment supportive of breastfeeding. Breastfed babies are less likely to suffer from serious illnesses, such as asthma and ear infections. The percentage of WIC participating infants that are still breastfeed at six months of age is increasing over time. Infants who are breastfed for six months or longer have significantly better health outcomes, than infants breastfed for less than six months related to gastrointestinal disease, otitis media, respiratory illnesses, and atopic disease.



Source: Minnesota Women, Infant, and Children (WIC)

WIC Peer Breastfeeding Support Services

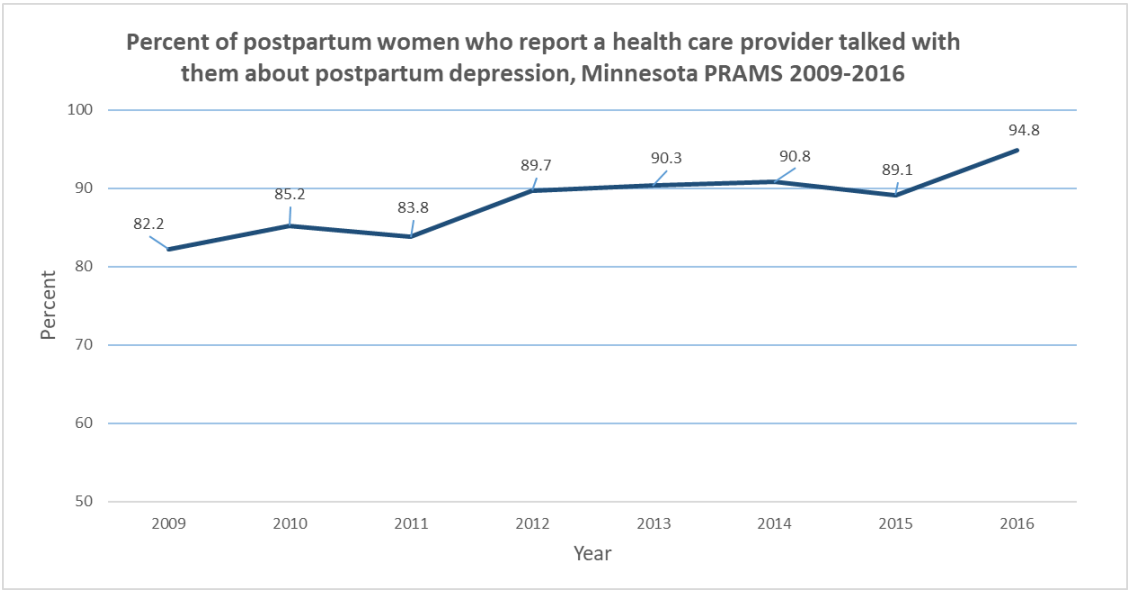
Breastfeeding rates vary greatly by race and ethnicity. The WIC Peer Breastfeeding Support Program seeks to increase the breastfeeding rate among all groups. Among WIC mothers without a peer, only East African and Hispanic mothers exceeded the Healthy People 2020 objective of 81.9 percent breastfeeding initiation. However, among WIC mothers who received peer services, all groups of mothers exceeded the objective.



Source: Minnesota Women, Infant, and Children (WIC)

Maternal Depression

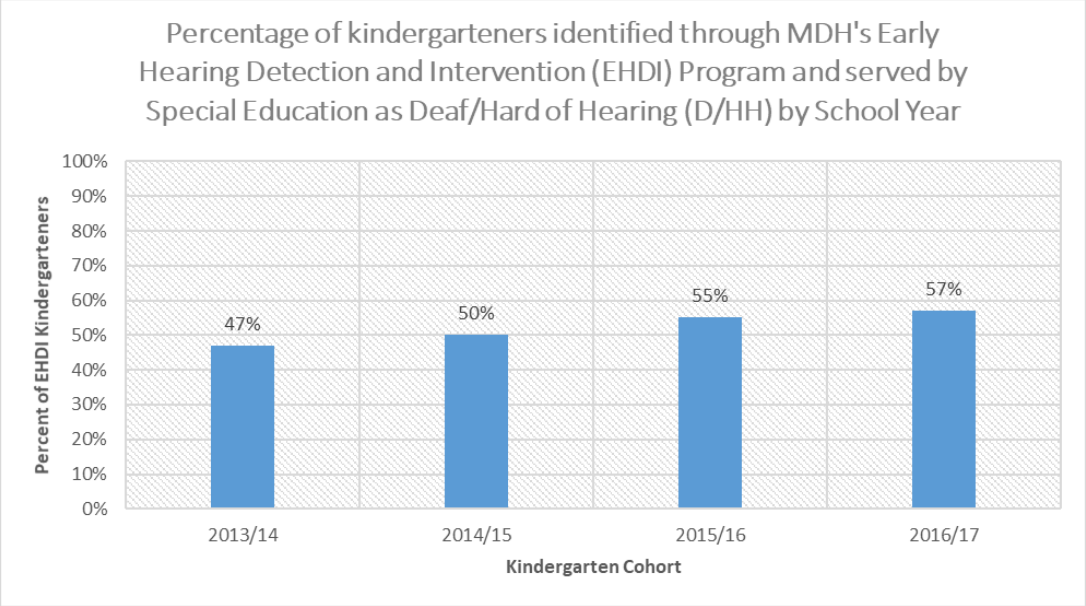
A mother with maternal depression or postpartum depression (PPD) has an increased risk for other health problems. Because PPD can reduce the mother's interaction with her child, PPD is also a risk factor for the child's health including delayed social, emotional, and cognitive development. PPD usually develops within the first few weeks after giving birth, but may begin earlier – during pregnancy – or later – up to a year after giving birth. MDH informs pregnant and parenting families of PPD, screens new mothers through family home visits, and trains providers and assists clinics in implementing maternal depression screening. Postpartum women are increasingly reporting that a health care provider has talked with them about postpartum depression.



Source: Minnesota Pregnancy Risk Assessment Monitoring System (PRAMS)

Early Hearing Detection and Intervention

Each year in Minnesota, approximately 250 infants and children are identified as deaf or hard of hearing. The MDH Early Hearing Detection and Intervention program works to identify all children who are deaf and hard of hearing and build a system of care to ensure that they receive appropriate and timely services. Without early identification and intervention, children with hearing loss often experience delayed development in language and learning. The percentage of kindergarteners with a hearing loss identified through MDH's program is increasing over time.



Source: Minnesota Early Childhood Longitudinal Data System (ECLDS)

Statutes

144.2215 Minnesota Birth Defects Information System (144.2215 Minnesota Birth Defects Information System (https://www.revisor.mn.gov/statutes/?id=144.2215))
144.574 Dangers of Shaking Infants and Young Children (144.574 Dangers of Shaking Infants and Young Children (https://www.revisor.mn.gov/statutes/?id=144.574))
144.966 Early Hearing Detection and Intervention Program (144.966 Early Hearing Detection and Intervention Program (https://www.revisor.mn.gov/statutes/?id=144.966))
145.4235 Positive Abortion Alternatives Program (145.4235 Positive Abortion Alternatives Program (https://www.revisor.leg.state.mn.us/statutes/?id=145.4235))
145.4243 Woman's Right to Know Printed Information (145.4243 Woman's Right to Know Printed Information (https://www.revisor.mn.gov/statutes/?id=145.4243))
145.88 Maternal and Child Health (145.88 Maternal and Child Health (https://www.revisor.mn.gov/statutes/?id=145.88))
145.891 Maternal and Child Health Nutrition Act of 1975 (145.891 Maternal and Child Health Nutrition Act of 1975 (https://www.revisor.mn.gov/statutes/?id=145.891))
145.898 Sudden Infant Death (145.898 Sudden Infant Death (https://www.revisor.mn.gov/statutes/?id=145.898))
145.899 WIC Vouchers for Organics (145.899 WIC Vouchers for Organics (https://www.revisor.mn.gov/statutes/?id=145.899))
145.901 Maternal Death Studies (145.901 Maternal Death Studies (https://www.revisor.mn.gov/statutes/?id=145.901))

145.905 Location for Breast-Feeding (145.905 Location for Breast-Feeding (https://www.revisor.mn.gov/statutes/?id=145.905))
145.906 Postpartum Depression Education and Information (145.906 Postpartum Depression Education and Information (https://www.revisor.mn.gov/statutes/?id=145.906))
145.925 Family Planning Grants (145.925 Family Planning Grants (https://www.revisor.mn.gov/statutes/?id=145.925))
145.9255 Minnesota Education Now and Babies Later (145.9255 Minnesota Education Now and Babies Later (https://www.revisor.mn.gov/statutes/?id=145.9255))
145.9261 Abstinence Education Grant Program (145.9261 Abstinence Education Grant Program (https://www.revisor.mn.gov/statutes/?id=145.9261))
145.9265 Fetal Alcohol Syndrome Effects; Drug Exposed Infant (145.9265 Fetal Alcohol Syndrome Effects; Drug Exposed Infant (https://www.revisor.mn.gov/statutes/?id=145.9265))
145A.17 Family Home Visiting Program (145A.17 Family Home Visiting Program (https://www.revisor.mn.gov/statutes/?id=145A.17))

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Expenditures by Fund								
1000 - General	16,425	17,032	22,157	23,990	33,545	33,545	38,599	36,649
1200 - State Government Special Rev	1,148	1,067	1,145	1,159	1,159	1,159	1,173	1,185
2000 - Restrict Misc Special Revenue	412	307	29	8	2	2	2	2
2001 - Other Misc Special Revenue	13	22	23	23	25	25	25	25
2403 - Gift	3		2					
3000 - Federal	144,000	140,209	143,657	149,849	149,946	147,651	149,946	147,651
3001 - Federal TANF	7,357	11,556	9,282	9,713	9,713	9,713	9,713	9,713
Total	**169,359**	**170,193**	**176,294**	**184,742**	**194,390**	**192,095**	**199,458**	**195,225**
Biennial Change				21,484		25,449		33,647
Biennial % Change				6		7		9
Governor's Change from Base								8,198
Governor's % Change from Base								2
Expenditures by Category								
Compensation	10,339	10,812	10,818	12,013	12,068	11,644	12,467	11,965
Operating Expenses	9,498	8,457	10,077	18,511	18,096	16,148	18,495	16,217
Grants, Aids and Subsidies	147,308	148,141	152,727	152,073	162,091	162,168	166,361	164,908
Other Financial Transaction	2,214	2,784	2,672	2,145	2,135	2,135	2,135	2,135
Total	**169,359**	**170,193**	**176,294**	**184,742**	**194,390**	**192,095**	**199,458**	**195,225**
Total Agency Expenditures	169,359	170,193	176,294	184,742	194,390	192,095	199,458	195,225
Internal Billing Expenditures	2,646	2,540	3,030	3,505	3,526	3,464	3,526	3,464
Expenditures Less Internal Billing	**166,712**	**167,653**	**173,264**	**181,237**	**190,864**	**188,631**	**195,932**	**191,761**
Full-Time Equivalents	**107.21**	**112.46**	**108.09**	**125.62**	**126.31**	**126.99**	**130.68**	**130.49**

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
1000 - General								
Balance Forward In		343		880				
Direct Appropriation	16,724	18,093	23,030	23,096	33,545	33,545	38,599	36,649
Transfers In	43		51	51				
Transfers Out	7	512	37	37				
Cancellations	116	892	8					
Balance Forward Out	219		880					
Expenditures	**16,425**	**17,032**	**22,157**	**23,990**	**33,545**	**33,545**	**38,599**	**36,649**
Biennial Change in Expenditures				12,689		20,943		29,101
Biennial % Change in Expenditures				38		45		63
Governor's Change from Base								8,158
Governor's % Change from Base								12
Full-Time Equivalents	25.21	23.88	23.18	30.05	32.01	32.33	36.22	35.55

1200 - State Government Special Rev								
Balance Forward In		10		6				
Direct Appropriation	1,033	1,033	1,033	1,035	1,159	1,159	1,173	1,185
Transfers In	119	118	118	118				
Cancellations		94						
Balance Forward Out	4		6					
Expenditures	**1,148**	**1,067**	**1,145**	**1,159**	**1,159**	**1,159**	**1,173**	**1,185**
Biennial Change in Expenditures				89		14		54
Biennial % Change in Expenditures				4		1		2
Governor's Change from Base								40
Governor's % Change from Base								2
Full-Time Equivalents	8.09	6.80	6.52	7.51	7.48	7.39	7.64	7.67

2000 - Restrict Misc Special Revenue								
Balance Forward In	160	93	29	6				
Receipts	346	235	6	2	2	2	2	2
Balance Forward Out	93	21	6					
Expenditures	**412**	**307**	**29**	**8**	**2**	**2**	**2**	**2**
Biennial Change in Expenditures				(683)		(33)		(33)
Biennial % Change in Expenditures				(95)		(89)		(89)

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	1.69	0.67						

2001 - Other Misc Special Revenue

Balance Forward In	0	9	20	26	28	28	28	28
Receipts	22	33	28	25	25	25	25	25
Balance Forward Out	9	20	26	28	28	28	28	28
Expenditures	**13**	**22**	**23**	**23**	**25**	**25**	**25**	**25**
Biennial Change in Expenditures				10		4		4
Biennial % Change in Expenditures				28		10		10
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents			0.02	0.02	0.02		0.02	

2403 - Gift

Balance Forward In	6	3	3	1	1	1	1	1
Balance Forward Out	3	3	1	1	1	1	1	1
Expenditures	**3**		**2**					
Biennial Change in Expenditures				(1)		(2)		(2)
Biennial % Change in Expenditures								
Governor's Change from Base								0
Governor's % Change from Base								

3000 - Federal

Balance Forward In		0						
Receipts	144,000	140,212	143,657	149,849	149,946	147,651	149,946	147,651
Balance Forward Out		1	0					
Expenditures	**144,000**	**140,209**	**143,657**	**149,849**	**149,946**	**147,651**	**149,946**	**147,651**
Biennial Change in Expenditures				9,297		4,091		4,091
Biennial % Change in Expenditures				3		1		1
Governor's Change from Base								0
Governor's % Change from Base								0

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Full-Time Equivalents	69.97	76.90	76.26	85.93	84.69	85.16	84.69	85.16

3001 - Federal TANF

Receipts	7,357	11,556	9,282	9,713	9,713	9,713	9,713	9,713
Expenditures	**7,357**	**11,556**	**9,282**	**9,713**	**9,713**	**9,713**	**9,713**	**9,713**
Biennial Change in Expenditures				82		431		431
Biennial % Change in Expenditures				0		2		2
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	2.25	4.21	2.11	2.11	2.11	2.11	2.11	2.11

Program: Health Improvement
Activity: Health Promotion and Chronic Disease

health.state.mn.us/divs/hpcd/index.html

AT A GLANCE

- We screened 11,692 low-income women for breast and/or cervical cancer in 2017 and detected 116 new cases of cancer
- Our statewide registry of newly-diagnosed cancer cases registered 29,847 cases in 2015
- 25,162 Minnesotans with a traumatic brain or spinal cord injury received services in 2017 through MDH grant funded programs
- We trained 101 individuals statewide to provide diabetes prevention classes to people at risk of developing diabetes
- Provides funding to the Minnesota Poison Control System who responded to 46,715 calls in 2017 regarding patients who either were poisoned or were exposed to potentially harmful substances

PURPOSE & CONTEXT

The Health Promotion and Chronic Disease Division provides leadership in the prevention and management of chronic diseases and injury and reduces health disparities in chronic disease and injury. Chronic diseases are ongoing, generally incurable illness or conditions, such as heart disease, cancer, and diabetes. These diseases are often preventable and frequently manageable through early detection, improved diet, exercise, and treatment therapy. Chronic diseases and injuries exact a substantial toll on the health of the population by contributing to long-term disability and often diminishing the quality of life.

Our Role:

- Monitor chronic diseases and injuries to report on their incidence, costs, and risk factors
- Improve clinical services to prevent and manage chronic diseases and injury
- Ensure that patients are referred to services that improve the management of chronic conditions

SERVICES PROVIDED

We help health systems implement changes to deliver high-quality care for all patients, especially those most likely to become disabled or die from chronic diseases and injuries.

- Promote collaboration among providers to improve the delivery of cancer screening and other preventive services.
- Develop and promote services designed to heal the trauma experienced by sexually exploited youth.
- Support guidelines and quality measures for early identification and management of chronic disease risk factors.
- Provide funding for health care improvement programs, such as dental sealants, cancer screening, and poison control.
- Pay health care providers through grants and reimbursements to offer free breast, cervical, and colorectal cancer screening, along with follow-up services and counseling, to low-income, uninsured, and underinsured Minnesotans.

We facilitate community-medical relationships that improve the management of chronic conditions.

- Disseminate self-care and management education programs statewide
- Develop curriculum to train Community Health Workers to better work with underserved and at-risk populations to prevent and manage chronic diseases.
- Support our community and medical partners in implementing statewide plans for chronic disease injury and violence prevention.
- Provide grant funds for Minnesotans with a traumatic brain or spinal cord injury to receive medical follow-up, employment, education, and family counseling sessions.

We develop, collect, and disseminate data to inform chronic disease and injury prevention and management initiatives.

- Operate a statewide registry of all newly-diagnosed cancer cases.
- Analyze and report on the prevalence, disparities, and trends in deaths and disabilities from specific chronic diseases (such as heart disease, stroke, cancer, asthma, arthritis, diabetes, oral diseases, injuries, violence, and poisoning).
- Collect, analyze, and report on rates and trends of workplace hazards, illnesses, and injuries.
- Use data to identify possible linkages between chronic diseases and environmental exposures.

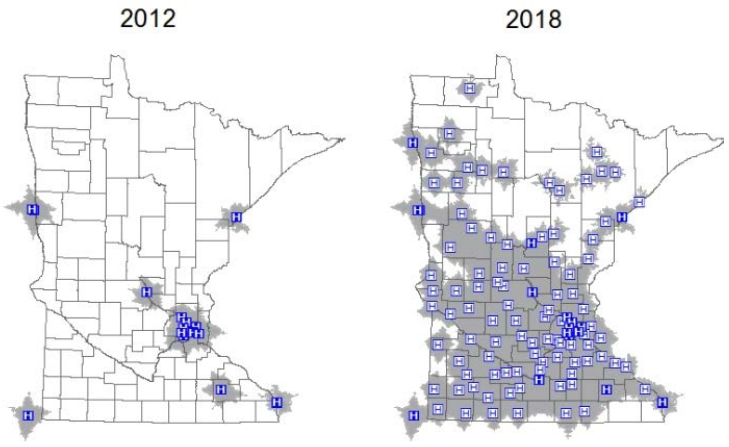
RESULTS

Expanding Access to Designated Stroke Centers

Timely access to stroke care is a critical factor influencing health outcomes for acute stroke patients. In 2012, only 60% of Minnesota's population lived within 30 minutes of designated stroke centers. MDH worked throughout the state to increase the number of hospitals designated for stroke care, ultimately providing a higher standard of care through more timely and better treatment. Currently, 93% of Minnesotans live within 30 minutes of a designated stroke center.

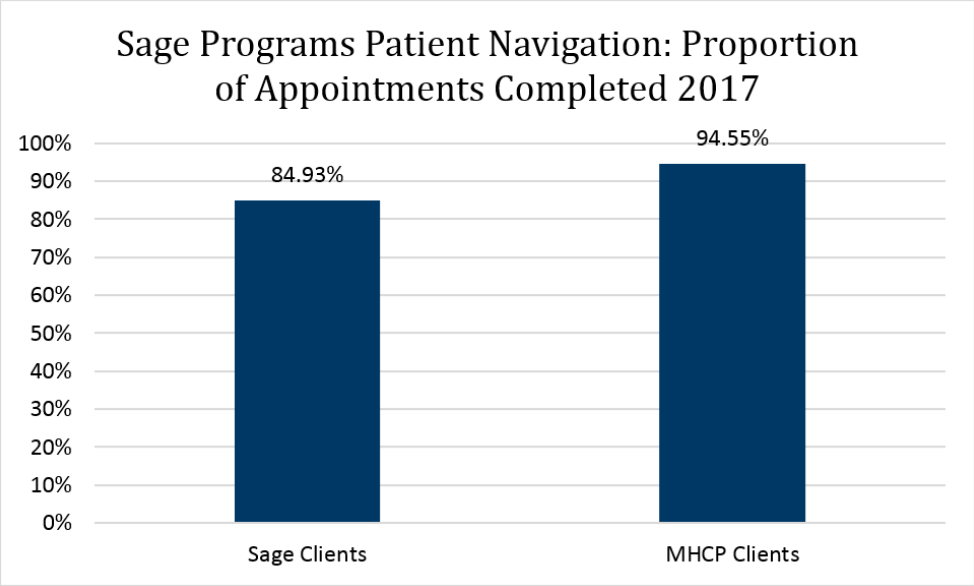
While this increase is remarkable, persistent disparities remain for some populations in the state. MDH is working to increase access to acute stroke ready centers for American Indian communities and older populations. For five percent of Minnesotans, the hospital nearest to them is not yet designated as acute-stroke ready.

30 Minute Drive Times to Designated Hospitals



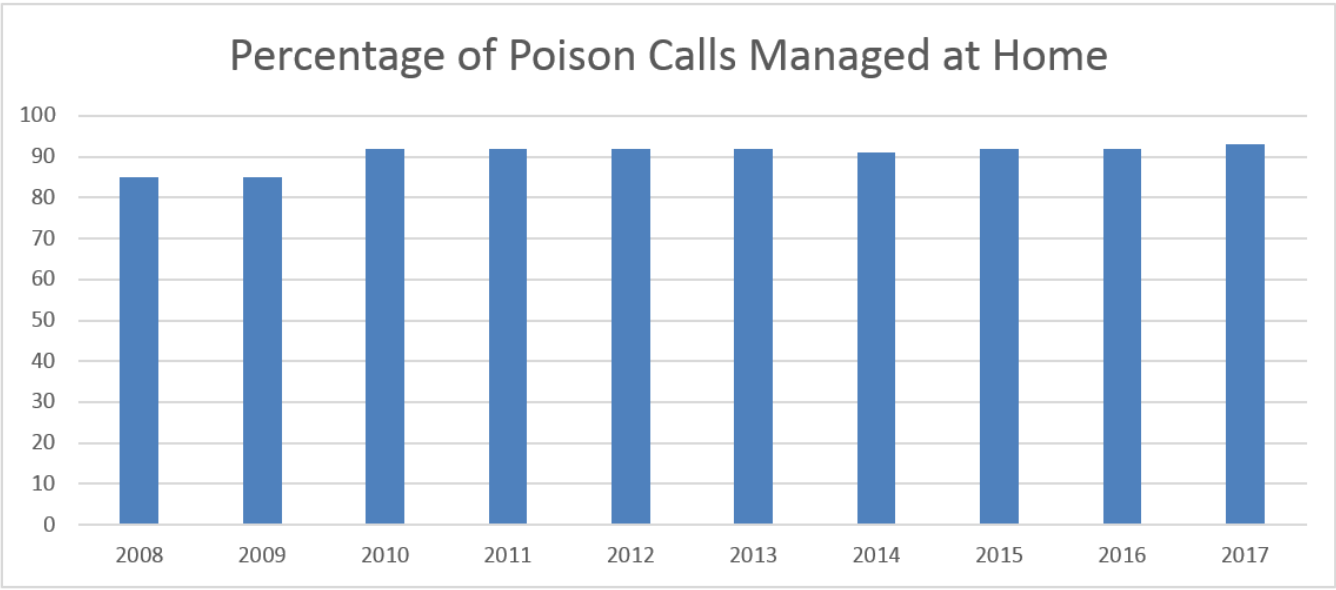
Improving Cancer Screening Rates for Low Income Women

The MDH Sage Screening Program works to connect Minnesota women to breast and cervical cancer screening services and pays for screening for uninsured and underinsured women. Sage maintains a patient navigation call center to answer questions and aid appointment making, which is an evidence-based strategy to increase screening. In 2017, of call center guided appointments, 84.9% of Sage clients and 94.5% Minnesota Health Care Programs (MHCP) clients completed appointments.



Increasing Effectiveness in Handling Poisoning Calls

Each year Minnesota has approximately 46,000 poisoning incident calls, many involving young children. Some of these incidents require travel to a clinic or emergency room, but most can be safely managed at home. MDH provides funding to the MN Poison Control Center to provide assistance to parents, families, and others regarding poisoning incidents. Over the last decade the percent of poison calls managed at home has increased substantially, with over 90% managed at home in 2017 instead of necessitating a visit to a medical clinic or emergency room.



Statutes:

144.05 subd. 5 Firearms Data (https://www.revisor.mn.gov/statutes/?id=144.05)
144.492 Stroke Centers and Stroke Hospitals (https://www.revisor.mn.gov/statutes/?id=144.492)
144.497 ST Elevation Myocardial Infarction (https://www.revisor.mn.gov/statutes/?id=144.497)
144.6586 Notice of Rights to Sexual Assault Victim (https://www.revisor.mn.gov/statutes/?id=144.6586)
144.661 - 144.665 Traumatic Brain and Spinal Cord Injuries (https://www.revisor.mn.gov/statutes/?id=144.661)
144.671 - 144.69 Cancer Surveillance System (https://www.revisor.mn.gov/statutes/?id=144.671)
144.995 - 144.998 Environmental Health Tracking and Biomonitoring (https://www.revisor.mn.gov/statutes/?id=144.995)
145.4711 - 145.4713 Sexual Assault Victims (https://www.revisor.mn.gov/statutes/?id=145.4711)
145.4715 Reporting Prevalence of Sexual Violence (https://www.revisor.mn.gov/statutes/?id=145.4715)
145.4716 - 145.4718Safe Harbor for Sexually Exploited Youth (https://www.revisor.mn.gov/statutes/?id=145.4716)
145.56 Suicide Prevention (https://www.revisor.mn.gov/statutes/?id=145.56)
145.867 Persons Requiring Special Diets (https://www.revisor.mn.gov/statutes/?id=145.867)
145.93 Poison Control System (https://www.revisor.mn.gov/statutes/?id=145.93)
145.958 Youth Violence Prevention (https://www.revisor.mn.gov/statutes/?id=145.958)
256B.057 subd. 10 Certain Persons Needed Treatment for Breast or Cervical Cancer (https://www.revisor.mn.gov/statutes/?id=256B.057)

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Expenditures by Fund								
1000 - General	8,241	9,789	11,110	11,330	10,408	10,458	14,411	14,529
2000 - Restrict Misc Special Revenue	1,977	1,673	1,626	2,070	1,608	1,532	1,608	1,532
2001 - Other Misc Special Revenue	26	51	24	24	24	24	24	24
2365 - Opioid Stewardship							6,000	9,251
2403 - Gift	(1)	1	21	27	5	5	5	5
2800 - Environmental	443	544	457	567	512	512	512	512
3000 - Federal	14,301	15,810	17,718	23,477	19,566	18,344	19,566	18,344
Total	**24,987**	**27,868**	**30,958**	**37,495**	**32,123**	**30,875**	**42,126**	**44,197**
Biennial Change				15,598		(5,455)		17,870
Biennial % Change				30		(8)		26
Governor's Change from Base								23,325
Governor's % Change from Base								37
Expenditures by Category								
Compensation	10,846	11,881	12,488	14,013	12,769	12,282	14,083	13,662
Operating Expenses	4,872	5,428	5,965	9,259	7,085	6,953	7,849	7,845
Grants, Aids and Subsidies	9,168	10,204	12,180	13,786	11,832	11,503	19,757	22,553
Capital Outlay-Real Property		262	1					
Other Financial Transaction	101	93	324	437	437	137	437	137
Total	**24,987**	**27,868**	**30,958**	**37,495**	**32,123**	**30,875**	**42,126**	**44,197**
Total Agency Expenditures	24,987	27,868	30,958	37,495	32,123	30,875	42,126	44,197
Internal Billing Expenditures	2,054	2,065	2,560	3,551	2,914	2,694	2,914	2,694
Expenditures Less Internal Billing	**22,934**	**25,803**	**28,398**	**33,944**	**29,209**	**28,181**	**39,212**	**41,503**
Full-Time Equivalents	**115.38**	**127.59**	**130.78**	**149.12**	**125.05**	**121.59**	**139.99**	**137.21**

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
1000 - General								
Balance Forward In		898	0	583				
Direct Appropriation	9,263	9,134	11,751	10,779	10,408	10,458	14,411	14,529
Transfers In	3		200	200	200	200	200	200
Transfers Out	100	79	238	232	200	200	200	200
Cancellations	59	164	20					
Balance Forward Out	866		582					
Expenditures	**8,241**	**9,789**	**11,110**	**11,330**	**10,408**	**10,458**	**14,411**	**14,529**
Biennial Change in Expenditures				4,410		(1,574)		6,500
Biennial % Change in Expenditures				24		(7)		29
Governor's Change from Base								8,074
Governor's % Change from Base								39
Full-Time Equivalents	31.34	34.72	34.08	34.60	30.70	30.70	37.64	38.32
2000 - Restrict Misc Special Revenue								
Balance Forward In	601	730	809	618	195	143	195	143
Receipts	954	567	370	469	392	393	392	393
Transfers In	1,124	1,154	1,065	1,178	1,164	1,164	1,164	1,164
Balance Forward Out	702	779	618	195	143	168	143	168
Expenditures	**1,977**	**1,673**	**1,626**	**2,070**	**1,608**	**1,532**	**1,608**	**1,532**
Biennial Change in Expenditures				46		(556)		(556)
Biennial % Change in Expenditures				1		(15)		(15)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	6.04	5.91	2.59	4.02	2.55	1.88	2.55	1.88
2001 - Other Misc Special Revenue								
Balance Forward In	26	26	35	33	29	27	29	27
Receipts	25	67	23	20	22	21	22	21
Balance Forward Out	26	42	33	29	27	24	27	24
Expenditures	**26**	**51**	**24**	**24**	**24**	**24**	**24**	**24**
Biennial Change in Expenditures				(28)		0		0
Biennial % Change in Expenditures				(37)		(1)		(1)
Governor's Change from Base								0

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Governor's % Change from Base								0
2365 - Opioid Stewardship								
Direct Appropriation							6,000	9,251
Expenditures							**6,000**	**9,251**
Biennial Change in Expenditures				0		0		15,251
Biennial % Change in Expenditures								
Governor's Change from Base								15,251
Governor's % Change from Base								
Full-Time Equivalents							8.00	8.00
2403 - Gift								
Balance Forward In	48	54	57	37	12	9	12	9
Receipts	2	4	2	2	2	2	2	2
Balance Forward Out	50	57	37	12	9	6	9	6
Expenditures	**(1)**	**1**	**21**	**27**	**5**	**5**	**5**	**5**
Biennial Change in Expenditures				48		(38)		(38)
Biennial % Change in Expenditures				(627,028)		(79)		(79)
Governor's Change from Base								0
Governor's % Change from Base								0
2800 - Environmental								
Balance Forward In		75		55				
Transfers In	469	469	512	512	512	512	512	512
Cancellations		0						
Balance Forward Out	26		55					
Expenditures	**443**	**544**	**457**	**567**	**512**	**512**	**512**	**512**
Biennial Change in Expenditures				37		0		0
Biennial % Change in Expenditures				4		(0)		(0)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	3.71	3.20	2.50	2.25	2.25	2.25	2.25	2.25
3000 - Federal								
Balance Forward In		43	30	11				

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Receipts	14,301	15,778	17,699	23,466	19,566	18,344	19,566	18,344
Balance Forward Out	2	11	11					
Expenditures	**14,301**	**15,810**	**17,718**	**23,477**	**19,566**	**18,344**	**19,566**	**18,344**
Biennial Change in Expenditures				11,085		(3,285)		(3,285)
Biennial % Change in Expenditures				37		(8)		(8)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	74.29	83.76	91.61	108.25	89.55	86.76	89.55	86.76

Program: Health Improvement
Activity: Health Partnerships and Equity

health.state.mn.us/divs/hpart/

AT A GLANCE

- Support Minnesota's 51 community health boards (local public health).
- Coordinate the emergency preparedness and response activities between the state (MDH), community health boards, and eight regional health care preparedness coalitions.
- Distribute $81 million per biennium in grant funds to local governments, hospitals, and community-based organizations to support local public health activities, emergency preparedness activities, and to eliminate health disparities.
- Provide support and guidance on reducing health disparities to more than 150 community-based organizations from populations of color and American Indian communities.
- Collect, analyze, and communicate health-related data.
- Work as a team to provide planning, facilitation, and coaching to other MDH programs on skills like quality improvement, community engagement, working with tribal governments, and incident management.

PURPOSE & CONTEXT

Our 51 community health boards rely on MDH for guidance, direction, and assistance in meeting the many challenges of delivering effective public health services at the local level. Challenges such as:

- Ensuring their capacity to respond to public health emergencies such as flooding or disease outbreaks;
- Meeting the needs of their communities despite widespread turnover of local public health leadership;
- Improving their ability to use data; and
- Addressing the disparities in health caused by significant social, economic and environmental barriers.

Health Partnerships and Equity works across MDH and with community partners to face these challenges and contribute to MDH's vision of "all communities thriving" by:

- Supporting Minnesota's local public health system;
- Ensuring that all communities are ready to respond to public health emergencies;
- Serving as a source of health statistics;
- Working to advance health equity; and
- Supporting community-based grantees.

SERVICES PROVIDED

Emergency Preparedness and Response

- Provide subject-matter expertise and training to assist organizations in preparing for, responding to, and recovering from incidents affecting the public's health.
- Administer an alert network for rapidly notifying thousands of health care, public health, and community partners about emerging disease threats or other health hazards such as contaminated medications or food.
- Prepare for the need to rapidly receive, stage, store, and distribute vaccines and medication to protect people and communities during an emergency.
- Conduct risk assessments, detailed planning, and testing of emergency response plans.

Health Equity & American Indian Health

- Monitor and analyze health disparities and how they relate to health equity.
- Identify and invest in best practices for providing culturally responsive services and advancing health equity.
- Collaborate with Minnesota communities experiencing health inequities to improve outcomes.
- Provide consultation and liaison services between Minnesota's Tribal Nations and MDH staff.
- Provide training on working with Minnesota's Tribal Nations and coordinate efforts within MDH on issues related to American Indian health.

Health Statistics

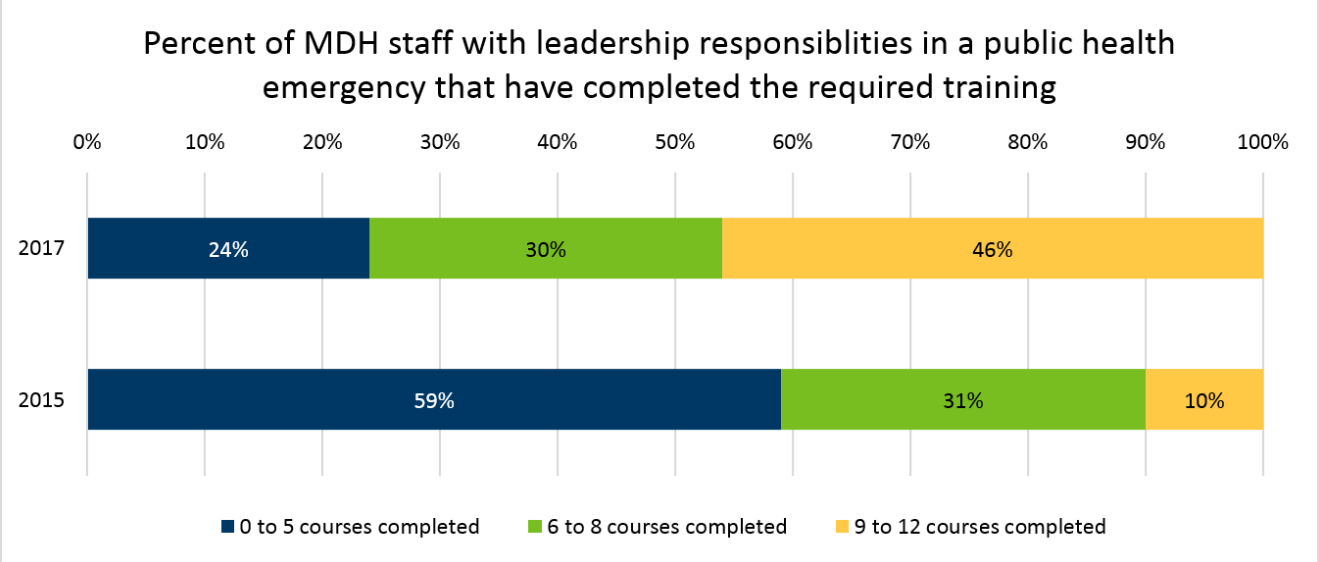
- Conduct surveys to measure the health status of Minnesotans and analyze health trends in Minnesota, such as: the Minnesota Student Survey (every 3 years) the Behavioral Risk Factor Surveillance System (annually); Youth Tobacco Survey (every 3 years), School Health Profiles (every 2 years).
- Provide staffing and direction to the MDH's Institutional Review Board.

Public Health Practice

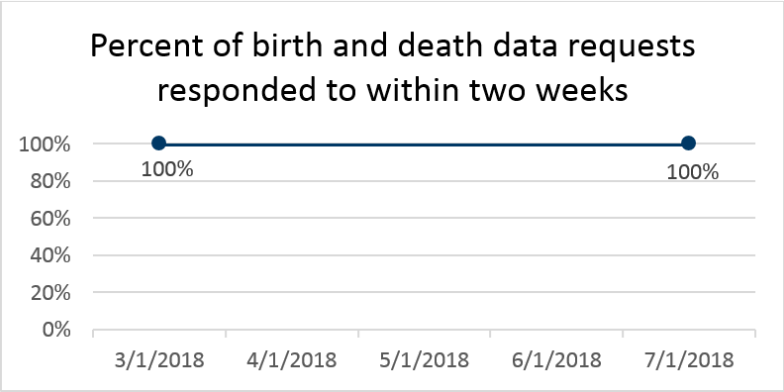
- Develop policies, practices, and guidance to ensure the best delivery of public health services at the local level.
- Provide facilitation and coaching of performance management, quality improvement, and community engagement for MDH divisions and local health departments.
- Provide funding, guidance, tools, and training to assist local public health departments in effectively meeting their missions.
- Collect, analyze, and disseminate data about public health financing, staffing and performance.
- Help MDH and local and tribal health department seek and maintain public health accreditation to ensure that Minnesota's public health system meets and exceeds national Public Health Accreditation Board standards.

RESULTS

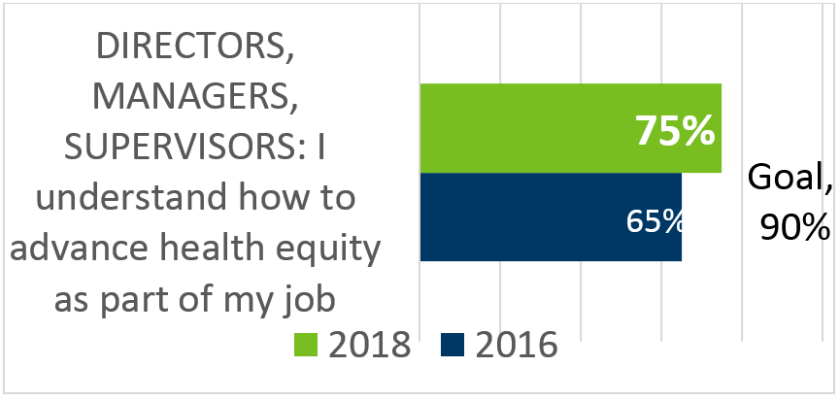
MDH staff who would have leadership responsibilities in the event of a public health emergency should prepare for their roles by completing twelve trainings. The Center for Emergency Preparedness and Response is responsible for assuring that staff participate in the required trainings. Between 2015 and 2017 the percentage of employees who had completed between nine to twelve courses rose from 10% to 46%.



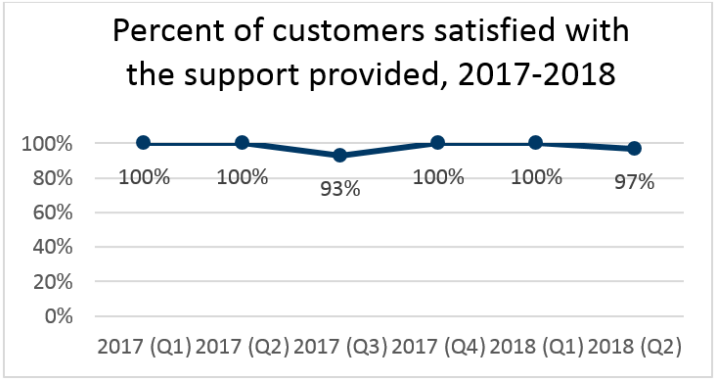
The Center for Health Statistics seeks to provide data on births and deaths in Minnesota in a timely manner. Between March and July 2018, the Center responded to all data requests within two weeks.



MDH has an important role in addressing health inequities. In order to fulfill that role, MDH leadership must understand and be able to explain to staff how to fully incorporate health equity into their ongoing work. The Center for Health Equity is responsible for providing support across the department and as a result of the Center's work, 10% more directors, managers, and supervisors between 2016 and 2018 reported that they understood how to advance health equity as a part of their job.

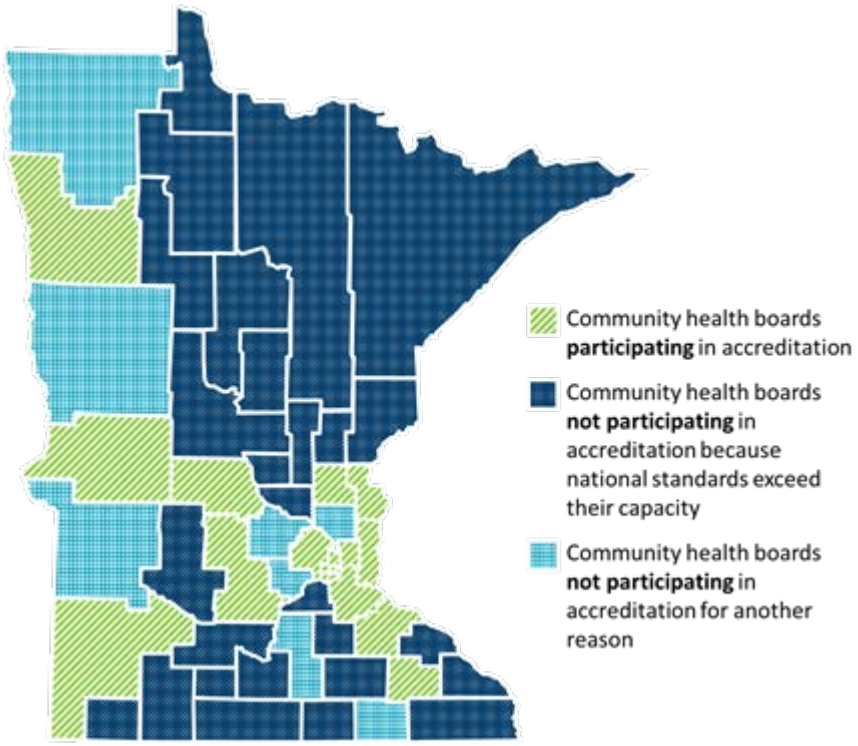


The Center for Public Health Practice provides consultation and technical assistance to community health boards, local public health, other MDH divisions, and Tribal Nations. Throughout 2017 and the first half of 2018, our customers have overwhelmingly reported satisfaction with the support we provided. Approximately 60% of our customers responding to the survey were local public health and 40% were staff from other MDH divisions. Both groups report similar levels of satisfaction.



The Public Health Accreditation Board sets national standards for public health departments. In 2010, the State Community Health Services Committee recommended adoption of those standards for Minnesota. Currently, MDH and 10 of the 51 community health boards are accredited. While another seven have applied or reported that they plan to do so, the remainder of the health boards are not participating in national accreditation because the standards exceed their capacity or for another reason.

Community health boards lacking the capacity to meet national public health performance standards, 2017



Statutes
145A Community Health Boards (https://www.revisor.mn.gov/statutes/?id=145A)
145.928 Eliminating Health Disparities (https://www.revisor.mn.gov/statutes/?id=145.928)
12A.08 Natural Disaster; State Assistance (https://www.revisor.mn.gov/statutes/?id=12A.08)
144.4197 Emergency Vaccine Administration; Legend Drug (https://www.revisor.mn.gov/statutes/?id=144.4197)
151.37 Legend Drugs, Who May Prescribe, Possess (https://www.revisor.mn.gov/statutes/?id=151.37)

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Expenditures by Fund								
1000 - General	27,215	27,504	27,157	28,923	28,051	28,051	28,076	28,100
2000 - Restrict Misc Special Revenue	292	123	289	118	44	44	44	44
2001 - Other Misc Special Revenue	697	703	694	750	724	724	724	724
2403 - Gift	4	0	0	1	1	1	1	1
3000 - Federal	16,243	15,703	16,054	17,473	17,350	17,341	17,350	17,341
3001 - Federal TANF	1,510	2,273	2,000	2,000	2,000	2,000	2,000	2,000
Total	**45,961**	**46,305**	**46,194**	**49,265**	**48,170**	**48,161**	**48,195**	**48,210**
Biennial Change				3,192		872		946
Biennial % Change				3		1		1
Governor's Change from Base								74
Governor's % Change from Base								0
Expenditures by Category								
Compensation	6,532	6,981	7,156	7,250	7,407	7,422	7,432	7,470
Operating Expenses	2,703	2,547	2,754	4,306	3,109	3,107	3,109	3,108
Grants, Aids and Subsidies	36,460	36,411	34,670	36,400	36,345	36,323	36,345	36,323
Other Financial Transaction	267	366	1,614	1,309	1,309	1,309	1,309	1,309
Total	**45,961**	**46,305**	**46,194**	**49,265**	**48,170**	**48,161**	**48,195**	**48,210**
Total Agency Expenditures	45,961	46,305	46,194	49,265	48,170	48,161	48,195	48,210
Internal Billing Expenditures	977	833	1,347	1,264	1,230	1,228	1,230	1,228
Expenditures Less Internal Billing	**44,984**	**45,473**	**44,847**	**48,001**	**46,940**	**46,933**	**46,965**	**46,982**
Full-Time Equivalents	**63.58**	**68.71**	**68.86**	**79.10**	**77.51**	**77.83**	**77.85**	**78.41**

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
1000 - General								
Balance Forward In	454	894	7	872				
Direct Appropriation	27,262	26,476	28,022	28,051	28,051	28,051	28,076	28,100
Transfers In	424	316						
Transfers Out	30	80						
Cancellations	11	94	0					
Balance Forward Out	885	7	872					
Expenditures	**27,215**	**27,504**	**27,157**	**28,923**	**28,051**	**28,051**	**28,076**	**28,100**
Biennial Change in Expenditures				1,362		22		96
Biennial % Change in Expenditures				2		0		0
Governor's Change from Base								74
Governor's % Change from Base								0
Full-Time Equivalents	12.43	13.56	11.41	13.75	14.49	14.71	14.83	15.29
2000 - Restrict Misc Special Revenue								
Balance Forward In	80	73	75	60	58	58	58	58
Receipts	284	125	274	116	44	44	44	44
Transfers In		67						
Transfers Out		67						
Balance Forward Out	72	75	60	58	58	58	58	58
Expenditures	**292**	**123**	**289**	**118**	**44**	**44**	**44**	**44**
Biennial Change in Expenditures				(8)		(319)		(319)
Biennial % Change in Expenditures				(2)		(78)		(78)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	1.08	1.10	0.89	0.74	0.23	0.23	0.23	0.23
2001 - Other Misc Special Revenue								
Balance Forward In	60	84	93	90	28	27	28	27
Receipts	11	25	25	23	23	23	23	23
Transfers In	710	687	666	665	700	700	700	700
Balance Forward Out	84	93	90	28	27	26	27	26
Expenditures	**697**	**703**	**694**	**750**	**724**	**724**	**724**	**724**
Biennial Change in Expenditures				44		4		4

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Biennial % Change in Expenditures				3		0		0
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	5.35	5.90	5.44	6.44	6.44	6.44	6.44	6.44

2403 - Gift

Balance Forward In	14	11	10	10	9	8	9	8
Receipts			0					
Transfers In	1	9						
Transfers Out		9						
Balance Forward Out	11	10	10	9	8	7	8	7
Expenditures	**4**	**0**	**0**	**1**	**1**	**1**	**1**	**1**
Biennial Change in Expenditures				(3)		1		1
Biennial % Change in Expenditures				(71)		52		52
Governor's Change from Base								0
Governor's % Change from Base								0

3000 - Federal

Balance Forward In		1	46	86				
Receipts	16,241	15,751	16,094	17,387	17,350	17,341	17,350	17,341
Transfers In	3							
Balance Forward Out		46	86					
Expenditures	**16,243**	**15,703**	**16,054**	**17,473**	**17,350**	**17,341**	**17,350**	**17,341**
Biennial Change in Expenditures				1,581		1,164		1,164
Biennial % Change in Expenditures				5		3		3
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	44.72	48.15	51.12	58.17	56.35	56.45	56.35	56.45

3001 - Federal TANF

Receipts	1,510	2,273	2,000	2,000	2,000	2,000	2,000	2,000
Expenditures	**1,510**	**2,273**	**2,000**	**2,000**	**2,000**	**2,000**	**2,000**	**2,000**
Biennial Change in Expenditures				217		0		0

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Biennial % Change in Expenditures				6		0		0
Governor's Change from Base								0
Governor's % Change from Base								0

Program: Health Improvement
Activity: Statewide Health Improvement

health.state.mn.us/divs/oshii/

AT A GLANCE

- The Office of Statewide Health Improvement Initiatives (OSHII) works in partnership with local public health agencies, tribal governments, and community-based organizations to ensure all Minnesotans have the opportunity to lead healthier lives by preventing chronic disease well before it starts.
- Statewide Health Improvement Partnership (SHIP) grants provide $17.5 million per year in funding and support to all of Minnesota's 87 counties and 10 tribal nations across the state to improve policies and create environments that support healthy eating, physical activity, and decrease commercial tobacco use and exposure to secondhand smoke.
- Tobacco-Free Communities grants provide $3.2 million per year to reduce tobacco use among youth in Minnesota and promote tobacco prevention activities.

PURPOSE & CONTEXT

Obesity and tobacco use are two major drivers of chronic illnesses in our state. Three of five Minnesota adults are overweight or obese – conditions caused, in part, by unhealthy eating and insufficient physical activity – leading to increased risk of heart disease, diabetes, and other chronic illnesses. More than one in seven Minnesotans still smokes, leading to heart disease, stroke, and increased cancer risk. The conditions where we live, work, learn, and play determine our options for making healthy decisions and influence our behavior. Further, environmental factors and institutional policies, practices, and procedures contribute to the development of health disparities between populations related to race and ethnicity, economic status, and geographic location. Statewide, the economic cost associated with obesity and tobacco use in Minnesota is significant. Minnesotans with diagnosed chronic conditions accounted for 83 percent of all medical spending in the state in 2012.

The Office of Statewide Health Improvement Initiatives (OSHII) supports all Minnesotans in leading healthier lives and building healthier communities by preventing chronic diseases before they start. OSHII works in partnership with local public health and tribal nations, community leadership teams and other stakeholders to create community-level policy and environmental changes that promote and support individual choices that lead to increased healthy eating and active living and reduced commercial tobacco use.

We achieve success by:

- Leveraging local and state partnerships;
- Strengthening communities' capacity to create their own healthy futures;
- Offering the best evidence-based strategies in policies, systems, and environmental changes; and
- Evaluating the effectiveness of those strategies.

SERVICES PROVIDED

We provide funding through grants to all 87 of Minnesota's counties, 10 tribal nations, and 10 community-based organizations to implement locally driven community solutions that expand opportunities for residents to be healthier.

We build community capacity to implement evidence-based and practice-informed strategies.

- Link grantees with nutritional, physical activity, and tobacco prevention content experts who provide coaching on effective ways to adopt and implement policy changes.

- Provide comprehensive technical assistance to grantees through telephone calls, in-person meetings, webinars, communities of practice, and monthly content-specific consultation calls.
- Use state-of-the-art online technology to facilitate grantee peer sharing through webinars, video calls, and forums.

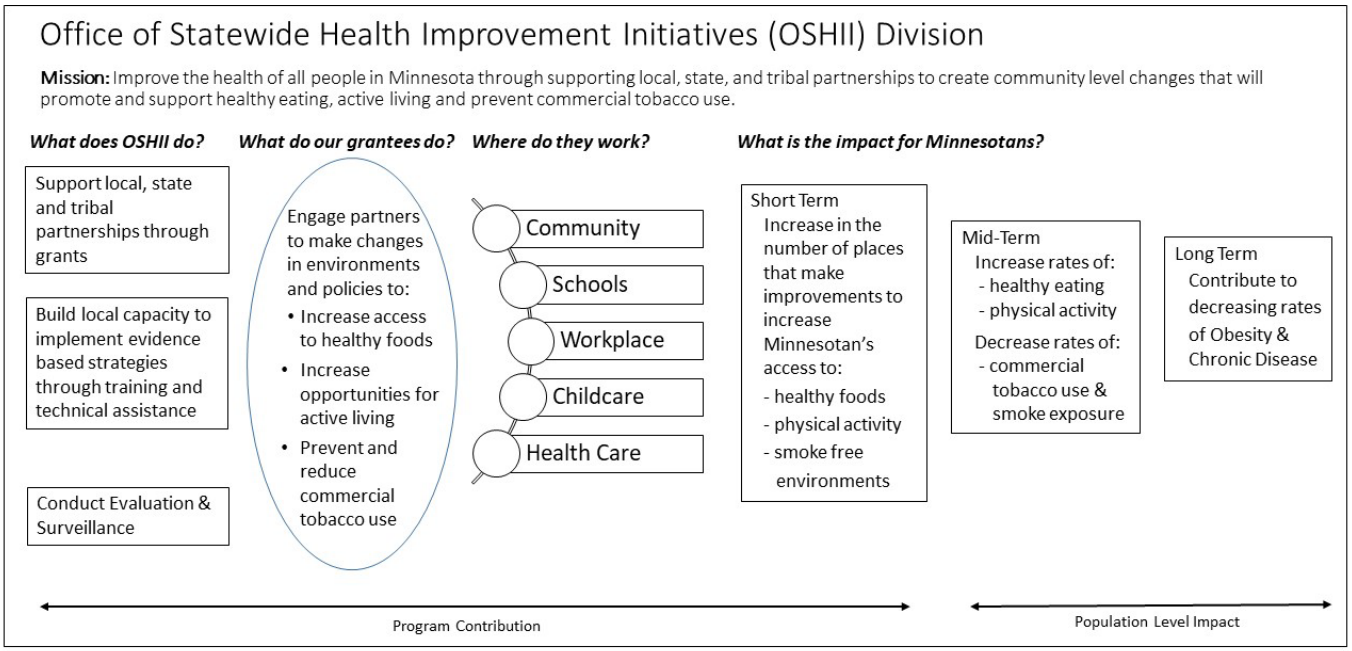
We conduct rigorous evaluations to monitor implementation and assess impact of our strategies.

- Actively monitor grantee work and collect data to assess progress and impact.
- Assess the impact of evidence-based activities by measuring impact of environmental and policy change.
- Support communities to evaluate local activities and identify lessons learned.

We collect, analyze, and disseminate data and research to inform program initiatives.

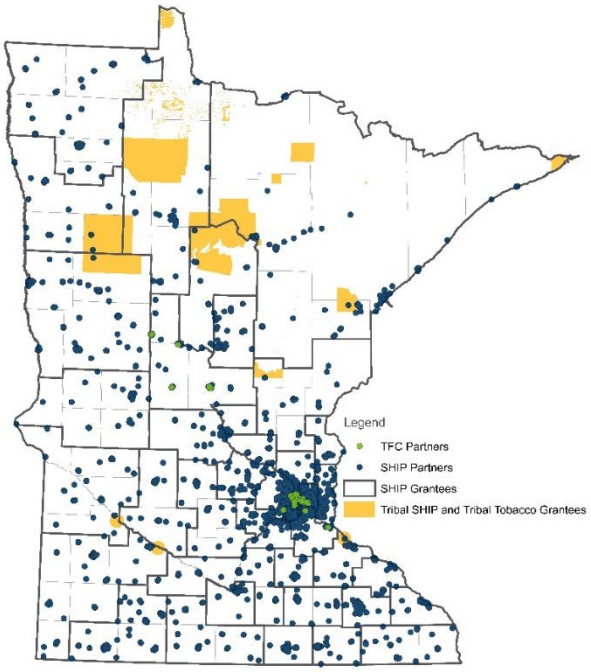
- Support implementation of statewide surveillance surveys to measure trends in obesity, fruit and vegetable consumption, levels of physical activity, and commercial tobacco use and secondhand smoke exposure, which helps inform program planning and implementation.

RESULTS

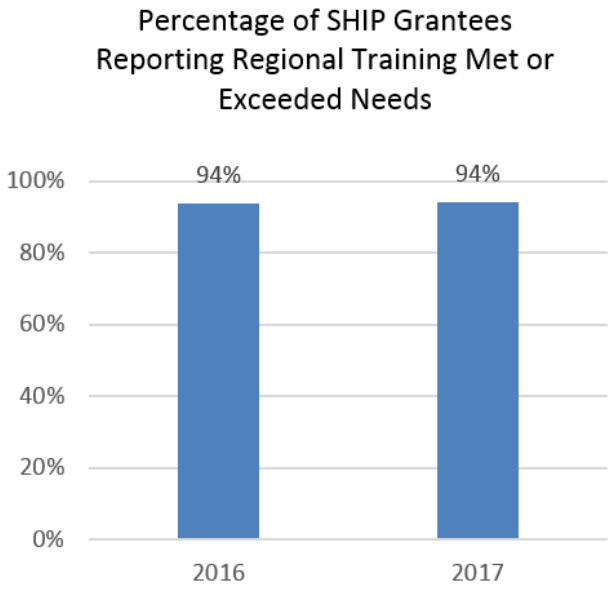


OSHII has a statewide impact. OSHII-funded programs engage 4,000 community partners in all 87 counties and 10 tribal nations to implement evidence-based strategies aimed at increasing access to healthy eating, opportunities for physical activity, and reducing access and exposure to commercial tobacco. The map to the right shows the geographical location of OSHII's community partners.

Figure 1. Statewide Health Improvement Partnership (SHIP) Community Partner Sites and Tobacco Free Communities Grant

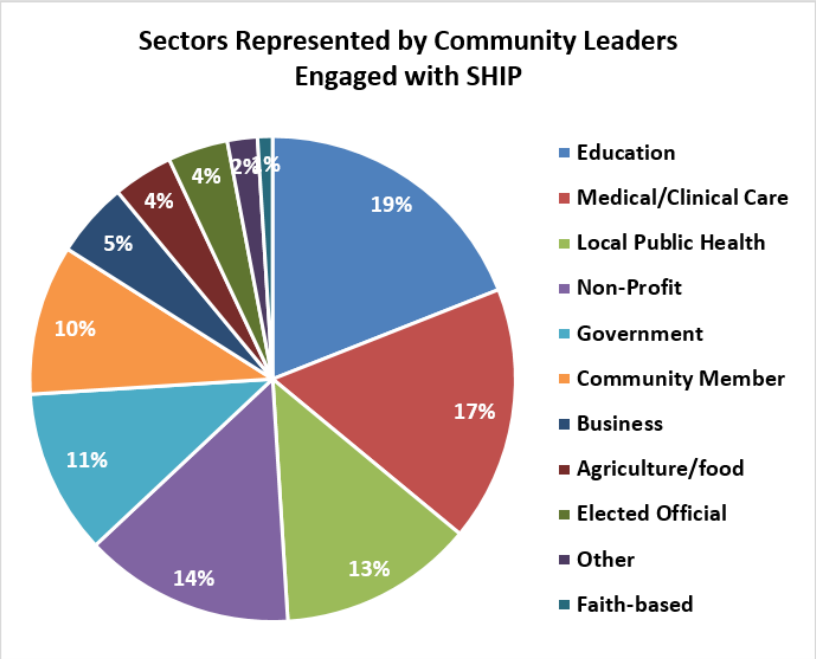


OSHII grantees report that technical assistance and training were helpful. OSHII provides high quality training and technical assistance that support communities making sustainable changes. Four out of five Tobacco-Free Communities (TFC) grantees report that the technical assistance they receive from OSHII helps them to address community-specific needs. Likewise, in both 2016 and 2017, 94% of SHIP grantees reported that the regional trainings provided by OSHII met or exceeded their needs.

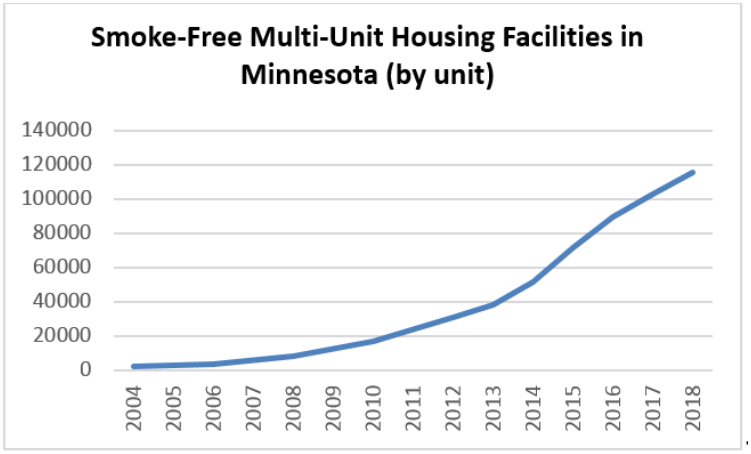


SHIP crosses many sectors. In 2016-17 SHIP grantees engaged with more than 800 community leaders who represent a broad spectrum of interests and backgrounds including healthcare, business, education and nonprofit sectors. The community leaders worked to set SHIP priorities, implemented environmental and policy changes and coordinated resources between organizations to improve community health outcomes.

In a survey of Community Leadership Team members 8 in 10 community leaders reported their participation had a moderate or major effect on the health of their community.



SHIP and Tobacco Free Communities have had a large impact on smoke-free housing. Multi-unit housing facilities, such as apartments, are common sources of secondhand smoke exposure, especially among youth and seniors. Smoke-free housing efforts are aimed at supporting the implementation of voluntary smoke-free housing policies. SHIP and TFC grantees have played a substantial role in supporting smoke-free housing in Minnesota. In conjunction with statewide partners, the number of smoke-free units in Minnesota grew from under 8,000 in 2008 (a year before SHIP's inception) to over 115,000 units 10 years later.



Statutes

145.986 Minnesota Statewide Health Improvement Initiatives (https://www.revisor.mn.gov/statutes/?id=145.986)
144.396 Tobacco-Free Communities in Minnesota (https://www.revisor.mn.gov/statutes/?id=144.396)

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Expenditures by Fund								
1000 - General	3,334	3,335	3,362	3,365	3,365	3,365	5,030	6,247
2000 - Restrict Misc Special Revenue	107	39	58	79	12	12	12	12
2001 - Other Misc Special Revenue				1	1	1	1	1
2360 - Health Care Access	20,515	18,198	17,337	20,996	17,579	17,579	17,636	17,679
3000 - Federal	4,302	6,174	6,117	4,797	3,233	3,233	3,233	3,233
Total	**28,259**	**27,746**	**26,874**	**29,238**	**24,190**	**24,190**	**25,912**	**27,172**
Biennial Change				107		(7,732)		(3,028)
Biennial % Change				0		(14)		(5)
Governor's Change from Base								4,704
Governor's % Change from Base								10
Expenditures by Category								
Compensation	3,622	4,273	4,268	5,173	4,973	4,981	5,368	5,421
Operating Expenses	1,690	1,931	1,802	3,480	1,084	1,076	2,411	3,618
Grants, Aids and Subsidies	20,960	19,334	18,801	18,583	16,131	16,131	16,131	16,131
Other Financial Transaction	1,987	2,208	2,003	2,002	2,002	2,002	2,002	2,002
Total	**28,259**	**27,746**	**26,874**	**29,238**	**24,190**	**24,190**	**25,912**	**27,172**
Total Agency Expenditures	28,259	27,746	26,874	29,238	24,190	24,190	25,912	27,172
Internal Billing Expenditures	572	677	698	1,287	538	528	538	528
Expenditures Less Internal Billing	**27,687**	**27,069**	**26,175**	**27,951**	**23,652**	**23,662**	**25,374**	**26,644**
Full-Time Equivalents	**40.02**	**46.27**	**45.96**	**54.00**	**50.43**	**50.43**	**54.07**	**54.52**

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
1000 - General								
Balance Forward In		5						
Direct Appropriation	3,350	3,354	3,362	3,365	3,365	3,365	5,030	6,247
Transfers Out		24						
Cancellations	11		0					
Balance Forward Out	5							
Expenditures	**3,334**	**3,335**	**3,362**	**3,365**	**3,365**	**3,365**	**5,030**	**6,247**
Biennial Change in Expenditures				58		3		4,550
Biennial % Change in Expenditures				1		0		68
Governor's Change from Base								4,547
Governor's % Change from Base								68
Full-Time Equivalents	1.01	0.79	0.79	1.48	1.48	1.48	4.51	4.52
2000 - Restrict Misc Special Revenue								
Balance Forward In	114	72	73	67				
Receipts	65	40	53	12	12	12	12	12
Balance Forward Out	72	73	68					
Expenditures	**107**	**39**	**58**	**79**	**12**	**12**	**12**	**12**
Biennial Change in Expenditures				(9)		(113)		(113)
Biennial % Change in Expenditures				(6)		(82)		(82)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	0.50	0.17	0.60	0.07				
2001 - Other Misc Special Revenue								
Balance Forward In	0	0	0	3	4	4	4	4
Receipts			3	2	1	1	1	1
Balance Forward Out	0	0	3	4	4	4	4	4
Expenditures				**1**	**1**	**1**	**1**	**1**
Biennial Change in Expenditures				1		1		1
Biennial % Change in Expenditures								
Governor's Change from Base								0
Governor's % Change from Base								0

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
2360 - Health Care Access								
Balance Forward In	7,194	3,999	3,234	3,417				
Direct Appropriation	17,261	17,434	17,529	17,579	17,579	17,579	17,636	17,679
Transfers In	2,800	2,800						
Transfers Out	2,800	2,800						
Cancellations	91	2	9					
Balance Forward Out	3,849	3,234	3,417					
Expenditures	**20,515**	**18,198**	**17,337**	**20,996**	**17,579**	**17,579**	**17,636**	**17,679**
Biennial Change in Expenditures				(380)		(3,175)		(3,018)
Biennial % Change in Expenditures				(1)		(8)		(8)
Governor's Change from Base								157
Governor's % Change from Base								0
Full-Time Equivalents	17.09	21.63	19.66	26.14	26.14	26.14	26.75	27.19
2403 - Gift								
Balance Forward In	0	0	0					
Balance Forward Out	0	0	0					
3000 - Federal								
Balance Forward In			0	63				
Receipts	4,302	6,186	6,180	4,734	3,233	3,233	3,233	3,233
Balance Forward Out		12	63					
Expenditures	**4,302**	**6,174**	**6,117**	**4,797**	**3,233**	**3,233**	**3,233**	**3,233**
Biennial Change in Expenditures				438		(4,448)		(4,448)
Biennial % Change in Expenditures				4		(41)		(41)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	21.42	23.68	24.91	26.31	22.81	22.81	22.81	22.81

Program: Health Improvement
Activity: Health Policy

health.state.mn.us/divs/hpsc/index.html

AT A GLANCE

- The Statewide Quality Reporting and Measurement System (SQRMS) collects data submitted by Minnesota clinics on ten measures of quality health care to drive quality improvement.
- Minnesota Health Access Surveys measure the changing percentage of uninsured Minnesotans each year, demonstrating the impact certain health care policies can have on health insurance coverage.
- The Minnesota All Payer Claims Database supports evidence-based research on health policy impacts.
- The Office of Vital Records issues more than 600,000 birth and death certificates annually and facilitates the certification of over 99% of death records online, making them available to families more quickly.
- 389 certified health care homes provide high quality, coordinated care to 3.9 million people and, according to an independent evaluation from the University of Minnesota, have saved more than $1 billion in Medicaid and Medicare healthcare spending costs over five years.
- Nearly $20 million dollars in grants and loan forgiveness awards are distributed statewide, supporting recruitment of health professionals in rural and underserved communities and a stronger health care infrastructure.

PURPOSE & CONTEXT

The Health Policy Division provides policymakers and other stakeholders with policy research, analysis, and design and implementation of programs and reforms to improve health care value, quality, and accessibility. It also manages the statewide vital records system for birth and death records.

Our role:

- Promote access to high quality, affordable health care across Minnesota, including for vulnerable, underserved, and rural populations.
- Streamline and reduce health care administrative burden and costs.
- Promote the secure exchange of health information among health care providers.
- Train and certify clinics to be health care homes that provide high quality, patient-centered, coordinated care to complex patients.
- Provide financial and consulting assistance to health care providers and systems in underserved areas.
- Issue timely birth and death certificates and provide accurate birth or death data for public health research.
- Support medical education to build a strong health workforce.
- Measure and report on the health care marketplace, access and quality of care, patient safety, and health workforce capacity to help target state resources and funding to their best use.

SERVICES PROVIDED

- **Collect data and perform research** to inform policymakers. Monitor and understand: health care access and quality, market conditions and trends, health care spending, health status and disparities, health behaviors and conditions, and the impact of state/federal reform initiatives.
- **Monitor clinical quality and safety** in Minnesota health care facilities, through implementing the Statewide Quality Reporting and Measurement System and the Adverse Health Events system.

- **Certify primary care clinics as Health Care Homes** to ensure patient-centered, coordinated care for Minnesotans.
- Certify Minnesota's **Health Information Exchange** providers to ensure that all health providers have the health information they need to ensure coordinated, safe, quality care.
- **Administer the statewide hospital trauma system** by collecting and analyzing trauma data, promoting interagency coordination, and providing technical expertise to hospitals caring for trauma patients.
- Award up to $60 million in Medical Education and Research Costs grants each year to support **clinical training placements** for health care providers.
- Provide financial support and data regarding **Minnesota's rural and underserved urban health care delivery system** to address current needs and plan for future needs.
- **Increase efficiencies and reduce costs in the health care system** by collaborating with providers, payers, consumers, and other stakeholders to develop standards and best practices for the exchange of business and administrative data. National studies have shown that increasing automation of business and administrative data would save the healthcare industry billions annually.
- **Administer a secure, real-time, web-based vital records system**.

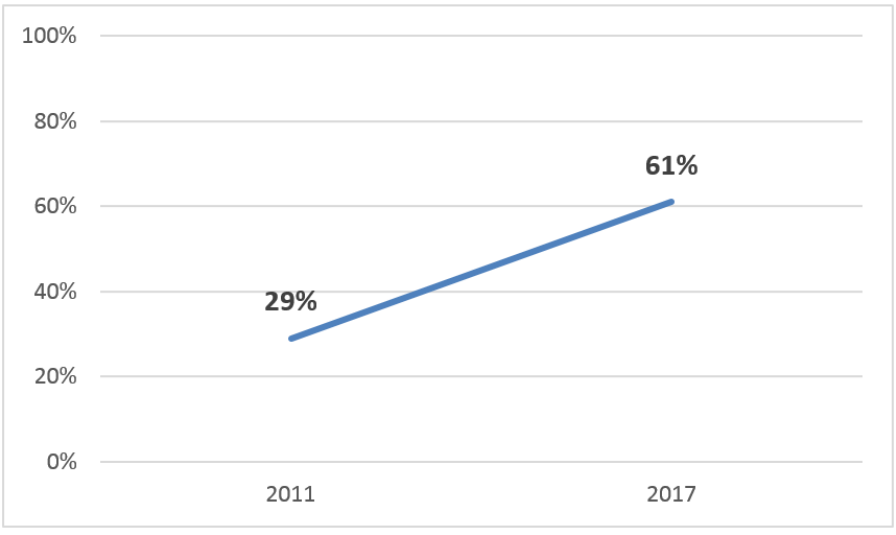
RESULTS

Much of our work focuses on providing high-quality, reliable research, policy and data analysis, and standards development for legislators, policymakers, providers, payers, and consumers to aid in their work in the improvement of healthcare quality and safety, the reduction of healthcare costs, and the improvement of population health.

In large part, as a result of work led by our programs, Minnesota has made strides in the following ways:

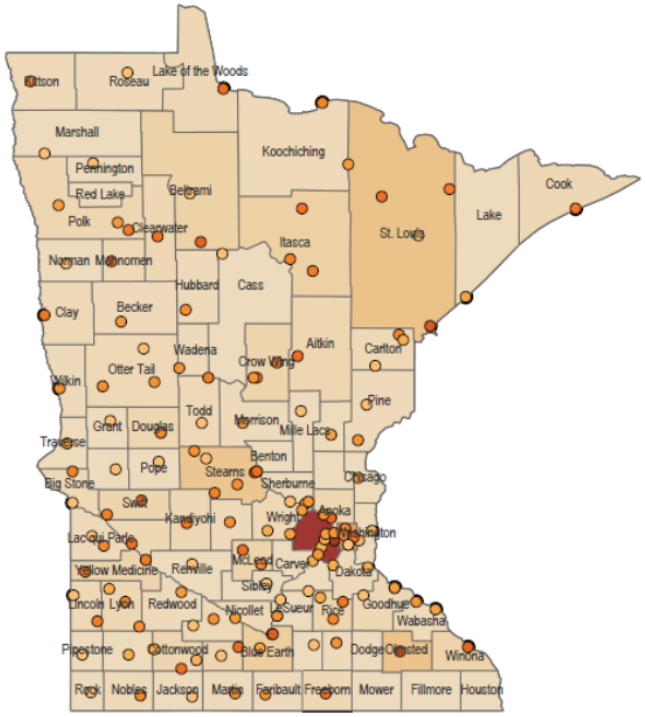
Numerous national and state studies have shown the increased use of electronic health records and health information exchange has helped to reduce duplication of services, provide coordinated patient care, and improve health outcomes of individuals and communities.[iiiiiiivv]

Exchanging Data for Care Coordination: Percent of MN acute care hospitals exchanging clinical data with outside health care providers to support care coordination.



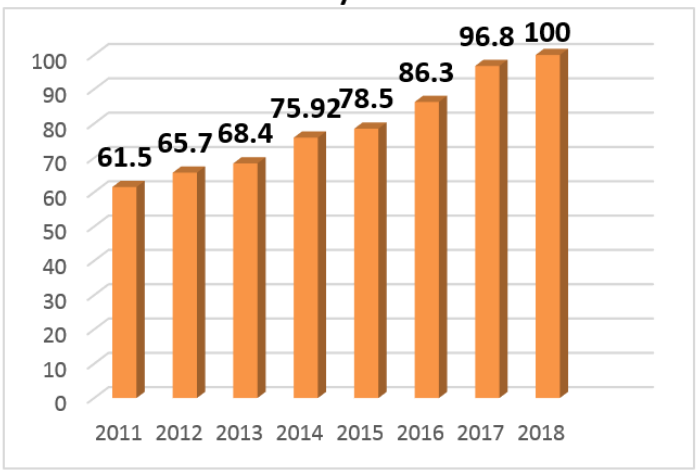
Clinics, hospitals, and other health care providers in rural and underserved urban areas across Minnesota received more than $19M in grants and loan forgiveness in 2018.

Supporting rural & safety net providers throughout the state: MDH Office of Rural Health & Primary Care, 2018 grants & loan forgiveness



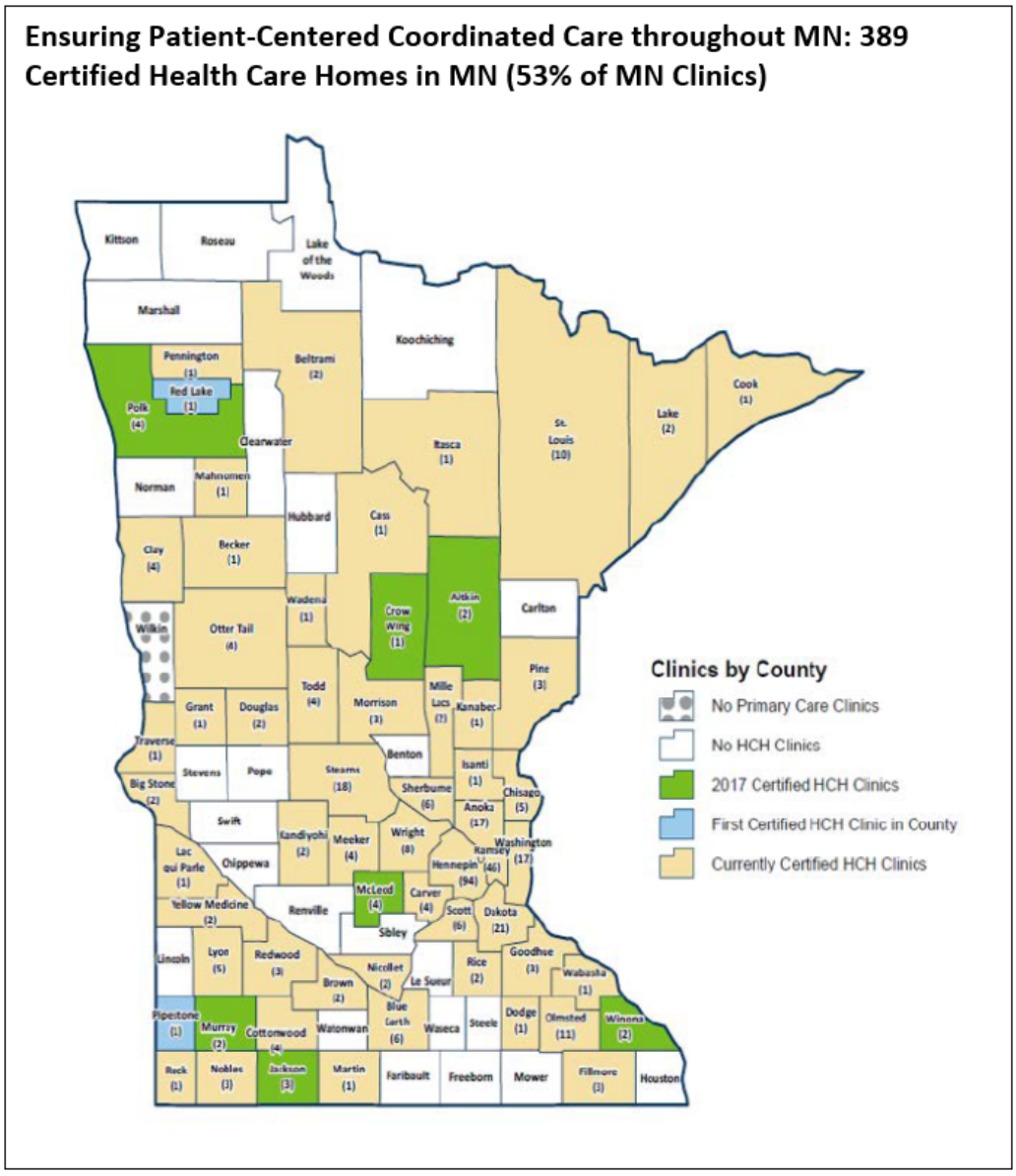
A secure, web-based system of registering birth, death, and fetal death records has produced more accurate, complete, real-time data, and faster services for individuals and families.

More Efficient, Paperless Service: Percent of death records registered and certified online by medical certifiers



Source: MDH Office of Vital Records, internal data

Health care home certification has been shown to improve quality outcomes for asthma, vascular care, diabetes, depression, and colorectal measures, while saving money and improving patient satisfaction. More than half of all Minnesota primary care clinics have now been certified by MDH.



Statutes:

144.7067 Adverse Health Reporting System (MS 144.7063, 144.7065, 144.7067, 144.7069) (https://www.revisor.mn.gov/statutes/?id=144.7067)
256B.0751 Health Care Homes (MS 256B.0751 – 256B.0753) (https://www.revisor.mn.gov/statutes/?id=256B.0751)
62J.63 Center for Health Care Purchasing Improvement (https://www.revisor.mn.gov/statutes/?id=62J.63)
62J.495 Electronic Health Record Technology (MS 62J.495 -62J.497) (https://www.revisor.mn.gov/statutes/?id=62J.495)
144.211 Vital Statistics Act (MS 144.211 – 144.227) (https://www.revisor.mn.gov/statutes/?id=144.211)

144.291 Minnesota Health Records Act (https://www.revisor.mn.gov/statutes/?id=144.291)
144.1501 Office of Rural Health and Primary Care, Health Professional Education Loan Forgiveness Act (https://www.revisor.mn.gov/statutes/?id=144.1501)
62J.321 Health Economics Program (https://www.revisor.mn.gov/statutes/cite/62J.321)
62J.38 Cost Containment from Group Purchasers (Health Plan Financial and Statistical Reporting) (https://www.revisor.mn.gov/statutes/cite/62J.38)
62U.04 Health Care Cost, Quality Outcomes and Payment Reform https://www.revisor.mn.gov/statutes/cite/62U.04)
62U.02 Payment Restructuring; Quality Incentive Payments (https://www.revisor.mn.gov/statutes/cite/62U.02)
144.695 -144.703 Minnesota Health Care Cost Information Act (https://www.revisor.mn.gov/statutes/cite/144.695)
62J.17 Capital Expenditure Reporting (https://www.revisor.mn.gov/statutes/cite/144.695)

Endnotes

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[i] CAQH, Increasing Automation of Claims-Related Business Transactions Would Save Healthcare $11.1 Billion Annually (https://www.caqh.org/about/press-release/increasing-automation-claims-related-business-transactions-would-save-healthcare)
[ii] Health Information Exchange Reduces Repeated Diagnostic Imaging for Back Pain (https://www.annemergmed.com/article/S0196-0644(13)00007-3/pdf?code=ymem-site)
[iii] The Impact of Health Information Sharing on Duplicate Testing (https://aisel.aisnet.org/misq/vol41/iss4/6/)
[iv] Allina Health finds even small use of HIE can prevent care duplication, drug seeking (https://www.healthexec.com/image-category/health-it/allina-health-finds-even-small-use-hie-can-prevent-care-duplication-drug)
[v] How Effective HIE Use Saves Money, Improves Health Outcomes (https://ehrintelligence.com/news/how-effective-hie-use-saves-money-improves-health-outcomes)

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Expenditures by Fund								
1000 - General	11,198	11,283	11,667	12,378	11,445	11,445	11,458	11,471
1100 - Medical Education & Research	79,942	78,841	79,006	79,450	78,991	78,991	78,991	78,991
1200 - State Government Special Rev	3,389	3,666	3,959	4,095	4,010	4,010	4,065	4,112
2000 - Restrict Misc Special Revenue	2,128	2,861	2,082	5,619	445	419	445	419
2001 - Other Misc Special Revenue	1,147	1,094	1,099	1,288	1,254	1,254	1,254	1,254
2360 - Health Care Access	12,917	18,949	18,303	20,117	19,211	18,611	19,806	18,860
2403 - Gift	15							
3000 - Federal	12,832	10,242	7,639	3,931	2,842	2,432	2,842	2,432
Total	**123,568**	**126,935**	**123,756**	**126,878**	**118,198**	**117,162**	**118,861**	**117,539**
Biennial Change				131		(15,274)		(14,234)
Biennial % Change				0		(6)		(6)
Governor's Change from Base								1,040
Governor's % Change from Base								0
Expenditures by Category								
Compensation	10,312	11,037	11,089	10,891	9,806	9,449	10,005	9,806
Operating Expenses	10,599	11,651	12,100	11,913	9,556	8,877	10,020	8,897
Grants, Aids and Subsidies	102,552	104,201	100,350	103,870	98,662	98,662	98,662	98,662
Capital Outlay-Real Property				30				
Other Financial Transaction	105	46	217	174	174	174	174	174
Total	**123,568**	**126,935**	**123,756**	**126,878**	**118,198**	**117,162**	**118,861**	**117,539**
Total Agency Expenditures	123,568	126,935	123,756	126,878	118,198	117,162	118,861	117,539
Internal Billing Expenditures	2,935	2,687	3,446	3,322	3,005	2,962	3,005	2,962
Expenditures Less Internal Billing	**120,634**	**124,247**	**120,310**	**123,556**	**115,193**	**114,200**	**115,856**	**114,577**
Full-Time Equivalents	**115.81**	**119.67**	**117.57**	**112.64**	**101.07**	**97.51**	**103.34**	**101.40**

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
1000 - General								
Balance Forward In	55	226		333				
Direct Appropriation	11,390	11,373	14,523	12,047	11,445	11,445	11,458	11,471
Transfers In	15	5						
Transfers Out	31	317	2,502	2				
Cancellations	17	3	20					
Balance Forward Out	214		334					
Expenditures	**11,198**	**11,283**	**11,667**	**12,378**	**11,445**	**11,445**	**11,458**	**11,471**
Biennial Change in Expenditures				1,564		(1,155)		(1,116)
Biennial % Change in Expenditures				7		(5)		(5)
Governor's Change from Base								39
Governor's % Change from Base								0
Full-Time Equivalents	5.66	5.59	5.59	8.29	7.49	7.44	7.67	7.75
1100 - Medical Education & Research								
Balance Forward In	1,282	188	651	635	176	176	176	176
Receipts	75,054	75,054	78,991	78,991	78,991	78,991	78,991	78,991
Transfers In	3,788	4,248	157	150	150	150	150	150
Transfers Out			157	150	150	150	150	150
Balance Forward Out	181	649	635	176	176	176	176	176
Expenditures	**79,942**	**78,841**	**79,006**	**79,450**	**78,991**	**78,991**	**78,991**	**78,991**
Biennial Change in Expenditures				(327)		(474)		(474)
Biennial % Change in Expenditures				(0)		(0)		(0)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents			1.35	2.15	0.75	0.88	0.75	0.88
1200 - State Government Special Rev								
Balance Forward In	8	1,031	28	94				
Direct Appropriation	4,397	4,420	4,349	4,001	4,010	4,010	4,065	4,112
Transfers Out			324					
Cancellations		1,758						
Balance Forward Out	1,015	27	94					
Expenditures	**3,389**	**3,666**	**3,959**	**4,095**	**4,010**	**4,010**	**4,065**	**4,112**

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Biennial Change in Expenditures				999		(34)		123
Biennial % Change in Expenditures				14		(0)		2
Governor's Change from Base								157
Governor's % Change from Base								2
Full-Time Equivalents	28.21	31.43	34.21	29.04	29.35	28.90	30.04	30.08

2000 - Restrict Misc Special Revenue

Balance Forward In	6,795	5,241	6,106	5,004	76	50	76	50
Direct Appropriation	3,937	3,937						
Receipts	1,793	1,755	649	691	419	419	419	419
Transfers In	500	500	375					
Transfers Out	3,788	4,248						
Net Loan Activity	(1,995)	237	(44)					
Balance Forward Out	5,115	4,561	5,003	76	50	50	50	50
Expenditures	**2,128**	**2,861**	**2,082**	**5,619**	**445**	**419**	**445**	**419**
Biennial Change in Expenditures				2,713		(6,837)		(6,837)
Biennial % Change in Expenditures				54		(89)		(89)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	5.30	5.27	6.10	6.83	1.79	1.79	1.79	1.79

2001 - Other Misc Special Revenue

Balance Forward In	2,052	1,936	2,125	1,874	1,505	1,156	1,505	1,156
Receipts	715	1,247	849	919	905	905	905	905
Transfers In	250							
Balance Forward Out	1,869	2,089	1,875	1,505	1,156	807	1,156	807
Expenditures	**1,147**	**1,094**	**1,099**	**1,288**	**1,254**	**1,254**	**1,254**	**1,254**
Biennial Change in Expenditures				146		121		121
Biennial % Change in Expenditures				7		5		5
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	7.95	7.18	4.44	3.74	3.74	2.93	3.74	2.93

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
2360 - Health Care Access								
Balance Forward In	810	4,348	670	1,506				
Direct Appropriation	16,726	18,022	19,114	18,679	19,279	18,679	19,874	18,928
Open Appropriation			98					
Transfers Out	565	665	67	68	68	68	68	68
Cancellations	2,118	2,196	6					
Balance Forward Out	1,936	560	1,506					
Expenditures	**12,917**	**18,949**	**18,303**	**20,117**	**19,211**	**18,611**	**19,806**	**18,860**
Biennial Change in Expenditures				6,555		(598)		246
Biennial % Change in Expenditures				21		(2)		1
Governor's Change from Base								844
Governor's % Change from Base								2
Full-Time Equivalents	44.93	45.25	46.02	49.54	49.63	49.63	51.03	52.03
2403 - Gift								
Balance Forward In	24	9	9	9	9	9	9	9
Balance Forward Out	9	9	9	9	9	9	9	9
Expenditures	**15**							
Biennial Change in Expenditures				(15)		0		0
Biennial % Change in Expenditures								
Governor's Change from Base								0
Governor's % Change from Base								
3000 - Federal								
Balance Forward In	73	119	107	28				
Receipts	12,850	10,226	7,560	3,903	2,842	2,432	2,842	2,432
Transfers In		89						
Transfers Out		89						
Balance Forward Out	91	104	28					
Expenditures	**12,832**	**10,242**	**7,639**	**3,931**	**2,842**	**2,432**	**2,842**	**2,432**
Biennial Change in Expenditures				(11,503)		(6,296)		(6,296)
Biennial % Change in Expenditures				(50)		(54)		(54)
Governor's Change from Base								0
Governor's % Change from Base								0

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY16	FY17	FY18	FY19	FY20	FY21	FY20	FY21
Full-Time Equivalents	23.76	24.95	19.86	13.05	8.32	5.94	8.32	5.94

6000 - Miscellaneous Agency

Receipts	60	67	67	67	67	67	67	67
Transfers Out	60	67	67	67	67	67	67	67

Program: Health Improvement
Activity: Medical Cannabis

health.state.mn.us/topics/cannabis/

AT A GLANCE

- Began distributing medical cannabis to registered patients on July 1, 2015.
- Approved the enrollment of 15,794 patients and authorized 1,250 healthcare practitioners to certify patients as of mid-2018.
- Oversee 2 manufacturers and 8 cannabis patient centers in Minnesota.
- Added Post-traumatic stress disorder as a qualifying medical condition on December 1, 2016 and Obstructive Sleep Apnea and Autism Spectrum disorder on December 1, 2017.

PURPOSE & CONTEXT

The Office of Medical Cannabis connects Minnesota residents with qualifying medical conditions to a registered manufacturer to obtain medical cannabis. Registered health care practitioners must first certify that a patient has a qualifying medical condition. Then patients must sign up for the MDH registry, and if approved, they may obtain medical cannabis in pill, liquid, or topical form from any of the eight distribution sites, which are supplied by two state-registered medical cannabis manufacturers.

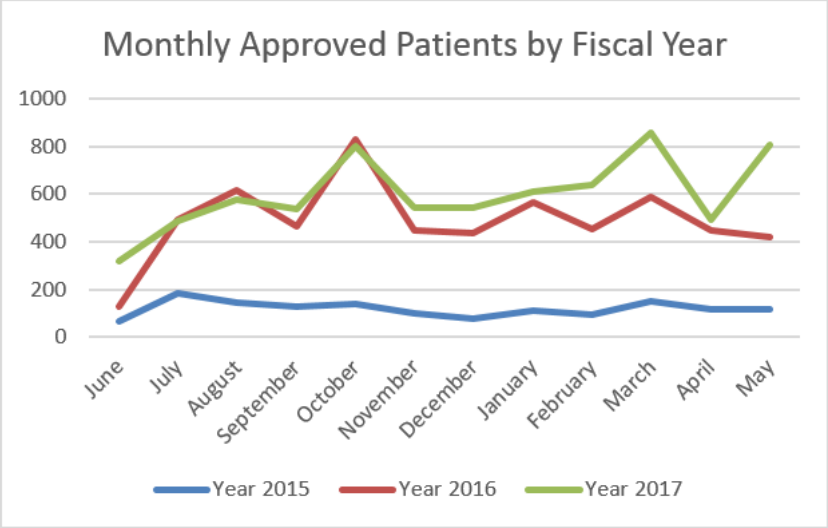
State law requires Minnesota residents with one or more of the qualifying medical conditions who would like to access medical cannabis for therapeutic or palliative purposes to join the state's patient registry. An updated list of qualifying medical conditions is available on the Office of Medical Cannabis' website.

SERVICES PROVIDED

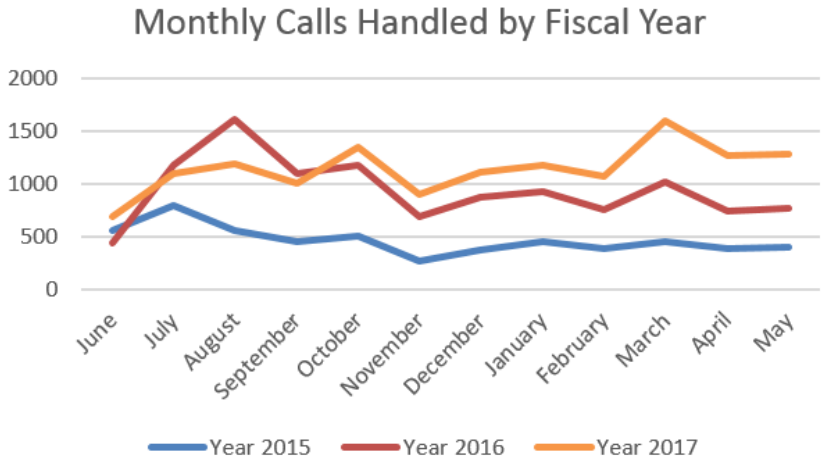
- Administer the statutorily required, secure, online patient registry through which qualified Minnesota residents can acquire medical cannabis to treat certain serious health conditions.
- Register and oversee the two medical cannabis manufacturers that are responsible for the production and distribution of medical cannabis. The two manufacturers each operates four cannabis patient centers in the state for a total of eight patient centers.
- Inspect the cultivation, production, and distribution facilities operated by the two medical cannabis manufacturers.
- Conduct program evaluation based on patient and healthcare practitioner self-reported data submitted into the registry through surveys.
- Operate a call/support center to quickly and accurately respond to citizens needing information and assistance with the medical cannabis program and the patient registry.
- Administer public petition process for citizens to propose additional qualifying medical conditions or delivery methods.

RESULTS

The number of patients OMC enrolls in the patient registry each month has growth substantially, tripling and at times quadrupling the 2015 rates.



As Minnesota adds more qualifying conditions, we have experienced an increase in the number of calls our call center handles.



Adding Qualifying Medical Conditions or Delivery Methods

Minnesota Statutes authorize the Commissioner of Health to add approved delivery methods (e.g. liquid, pill, topical, or vaporized) and qualifying medical conditions. In 2016, the Office of Medical Cannabis established a process in Minnesota Rules through which members of the public may petition the commissioner to consider approving a new medical condition or delivery method. A seven-member volunteer review panel assists the commissioner's review of the medical conditions (the panel does not weigh in on delivery methods). The Office of Medical Cannabis prepares research briefs for each of the petitioned medical conditions describing current scientific studies of cannabis products as therapy. The volunteer review panel met four times in fall 2016 to review nine conditions and it met three times in 2017 to review eight medical conditions. Final determinations to

add a qualifying medical condition or delivery method are listed in the table below. Medical conditions petitioned in 2018 are: Alzheimer's disease, Hepatitis C, Juvenile Rheumatoid Arthritis, Opioid Use Disorder, Panic Disorder, Psoriasis, and Traumatic Brain Injury. No delivery methods or forms are under consideration in 2018.

Qualifying Medical Conditions and Delivery Methods Added by the Commissioner of Health		
Qualifying Medical Conditions:	*date approved*	*effective date*
Intractable Pain*	December 1, 2015	August 1, 2016
Post-Traumatic Stress Syndrome (PTSD)	December 1, 2016	August 1, 2017
Autism Spectrum Disorder	December 1, 2017	August 1, 2018
Obstructive Sleep Apnea	December 1, 2017	August 1, 2018
Delivery Methods:	*date approved*	*effective date*
Topical Applications	December 1, 2016	August 1, 2017

*Added under the authority of Laws 2014, chapter 311, section 20.

Note: Nine qualifying medical conditions were authorized in the original legislation in 2014 creating the medical cannabis program including cancer or its treatment, accompanied by sever/chronic pain, nausea or severe vomiting, or cachexia or severe wasting; glaucoma; HIV/AIDS; Tourette's Syndrome; Amyotrophic Lateral Sclerosis (ALS); seizures, including those characteristic of epilepsy; severe and persistent muscle spasms, including those characteristic of multiple sclerosis; Inflammatory Bowel Disease including Crohn's Disease; and terminal illness, with a life expectancy of less than one year, if the illness or treatment produces severe/chronic pain, nausea or sever vomiting, cachexia or severe wasting.

Statutes
152.22-152.37 Medical Cannabis Patient Registry Program (https://www.revisor.mn.gov/statutes/?id=152.22)
Office of Medical Cannabis' website (http://www.health.state.mn.us/topics/cannabis/patients/conditions.html)

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Expenditures by Fund								
1000 - General	761	676	581	931	762	762	771	779
1200 - State Government Special Rev	834	709	1,157	1,160	1,162	1,162	1,994	1,865
Total	**1,595**	**1,385**	**1,738**	**2,091**	**1,924**	**1,924**	**2,765**	**2,644**
Biennial Change				849		19		1,580
Biennial % Change				28		1		41
Governor's Change from Base								1,561
Governor's % Change from Base								41
Expenditures by Category								
Compensation	1,052	990	1,043	1,269	1,265	1,287	1,456	1,576
Operating Expenses	513	395	695	773	600	620	1,250	1,051
Grants, Aids and Subsidies	30			49	59	17	59	17
Other Financial Transaction	0							
Total	**1,595**	**1,385**	**1,738**	**2,091**	**1,924**	**1,924**	**2,765**	**2,644**
Total Agency Expenditures	1,595	1,385	1,738	2,091	1,924	1,924	2,765	2,644
Internal Billing Expenditures	143	117	217	186	136	119	136	119
Expenditures Less Internal Billing	**1,452**	**1,269**	**1,521**	**1,905**	**1,788**	**1,805**	**2,629**	**2,525**
Full-Time Equivalents	**13.58**	**11.91**	**11.09**	**13.07**	**13.02**	**13.25**	**15.33**	**16.78**

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
1000 - General								
Balance Forward In		1		169				
Direct Appropriation	761	708	750	762	762	762	771	779
Cancellations		33						
Balance Forward Out	0		169					
Expenditures	**761**	**676**	**581**	**931**	**762**	**762**	**771**	**779**
Biennial Change in Expenditures				75		12		38
Biennial % Change in Expenditures				5		1		3
Governor's Change from Base								26
Governor's % Change from Base								2
Full-Time Equivalents	9.49	3.97	1.71	3.03	2.45	2.50	2.53	2.63

1200 - State Government Special Rev								
Balance Forward In		1						
Direct Appropriation	834	729	833	1,160	1,162	1,162	1,994	1,865
Transfers In			324					
Cancellations		21						
Expenditures	**834**	**709**	**1,157**	**1,160**	**1,162**	**1,162**	**1,994**	**1,865**
Biennial Change in Expenditures				774		7		1,542
Biennial % Change in Expenditures				50		0		67
Governor's Change from Base								1,535
Governor's % Change from Base								66
Full-Time Equivalents	4.09	7.94	9.38	10.04	10.57	10.75	12.80	14.15

Program: Health Protection

AT A GLANCE

- Environmental Health
- Infectious Disease
- Public Health Laboratory
- Health Regulation

PURPOSE & CONTEXT

Activities in the Health Protection budget program are responsible for protecting the health of all Minnesotans. The purpose, services, results, and authorizing statutes of each activity is described in the following pages. The fiscal page for Health Protection reflects a summation of activities under this budget program area.

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Expenditures by Fund								
1000 - General	10,792	15,058	14,059	19,098	17,797	18,801	28,904	32,421
1200 - State Government Special Rev	43,982	43,868	47,291	47,948	47,898	48,235	51,798	54,752
2000 - Restrict Misc Special Revenue	2,025	1,868	1,219	1,405	1,094	1,094	3,355	1,094
2001 - Other Misc Special Revenue	13,639	15,035	11,048	16,717	14,719	15,125	14,719	15,125
2050 - Environment & Natural Resources				1,000				
2302 - Clean Water	5,460	4,716	4,653	6,353			6,872	6,872
2360 - Health Care Access	64	66	67	68	68	68	68	68
2403 - Gift	1	2	5	2	2	2	2	2
2800 - Environmental	197	331	187	276	234	234	234	234
2801 - Remediation	213	298	240	272	257	257	257	257
3000 - Federal	46,457	52,712	56,661	68,017	62,850	61,528	62,850	61,528
8201 - Drinking Water Revolving	636	595	477	796	678	678	678	678
Total	**123,466**	**134,549**	**135,907**	**161,952**	**145,597**	**146,022**	**169,737**	**173,031**
Biennial Change				39,844		(6,240)		44,909
Biennial % Change				15		(2)		15
Governor's Change from Base								51,149
Governor's % Change from Base								18
Expenditures by Activity								
Environmental Health	41,630	41,229	42,905	47,963	40,083	40,021	49,320	51,800
Infectious Disease	26,873	30,646	31,070	39,532	36,304	36,249	36,479	36,346
Public Health Laboratory	22,036	25,001	26,301	31,687	27,440	26,227	28,374	27,060
Health Regulation	32,925	37,673	35,632	42,770	41,770	43,525	55,564	57,825
Total	**123,466**	**134,549**	**135,907**	**161,952**	**145,597**	**146,022**	**169,737**	**173,031**
Expenditures by Category								
Compensation	72,424	77,859	82,396	87,004	83,043	82,758	93,359	99,095
Operating Expenses	43,559	46,752	45,483	62,354	51,631	52,449	63,420	61,086
Grants, Aids and Subsidies	5,710	7,375	7,106	10,488	9,247	9,240	11,282	11,275
Capital Outlay-Real Property	1,688	2,521	727	2,096	1,668	1,567	1,668	1,567
Other Financial Transaction	84	43	195	10	8	8	8	8
Total	**123,466**	**134,549**	**135,907**	**161,952**	**145,597**	**146,022**	**169,737**	**173,031**

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Total Agency Expenditures	123,466	134,549	135,907	161,952	145,597	146,022	169,737	173,031
Internal Billing Expenditures	17,491	17,545	22,024	23,758	21,352	21,089	21,379	21,096
Expenditures Less Internal Billing	**105,975**	**117,004**	**113,883**	**138,194**	**124,245**	**124,933**	**148,358**	**151,935**
Full-Time Equivalents	**808.12**	**852.20**	**875.58**	**895.61**	**846.05**	**840.78**	**950.89**	**1,010.30**

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
1000 - General								
Balance Forward In	327	2,214		1,806				
Direct Appropriation	12,513	14,053	20,928	17,339	17,797	18,801	28,904	32,421
Transfers In	362	793	1,166	2,034	2,401	3,405	2,401	3,405
Transfers Out	301	1,957	6,213	2,081	2,401	3,405	2,401	3,405
Cancellations	0	44	17					
Balance Forward Out	2,109		1,806					
Expenditures	**10,792**	**15,058**	**14,059**	**19,098**	**17,797**	**18,801**	**28,904**	**32,421**
Biennial Change in Expenditures				7,307		3,441		28,168
Biennial % Change in Expenditures				28		10		85
Governor's Change from Base								24,727
Governor's % Change from Base								68
Full-Time Equivalents	57.45	57.47	54.03	55.82	51.84	51.84	95.09	140.69
1200 - State Government Special Rev								
Balance Forward In		4,758	0	154				
Direct Appropriation	47,656	46,412	47,392	47,989	47,975	48,312	52,430	54,752
Open Appropriation			249					
Transfers In	492	492	150					
Transfers Out	688	687	345	195	77	77	632	0
Cancellations		7,107						
Balance Forward Out	3,478		154					
Expenditures	**43,982**	**43,868**	**47,291**	**47,948**	**47,898**	**48,235**	**51,798**	**54,752**
Biennial Change in Expenditures				7,389		894		11,311
Biennial % Change in Expenditures				8		1		12
Governor's Change from Base								10,417
Governor's % Change from Base								11
Full-Time Equivalents	250.58	253.23	253.76	251.57	251.74	251.03	282.19	300.56
2000 - Restrict Misc Special Revenue								
Balance Forward In	143	146	141	108	2	2	2	2
Receipts	2,023	1,854	1,187	1,299	1,094	1,094	2,723	1,094
Transfers In							632	
Balance Forward Out	141	132	109	2	2	2	2	2

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Expenditures	**2,025**	**1,868**	**1,219**	**1,405**	**1,094**	**1,094**	**3,355**	**1,094**
Biennial Change in Expenditures				(1,268)		(436)		1,825
Biennial % Change in Expenditures				(33)		(17)		70
Governor's Change from Base								2,261
Governor's % Change from Base								103
Full-Time Equivalents	12.30	9.52	4.95	8.67	8.34	8.31	8.34	8.31

2001 - Other Misc Special Revenue

Balance Forward In	3,803	4,851	3,443	7,578	7,035	6,734	7,035	6,734
Receipts	13,623	13,474	10,184	16,174	14,418	14,825	14,418	14,825
Transfers In	56		5,000					
Transfers Out	56	0						
Balance Forward Out	3,786	3,289	7,578	7,035	6,734	6,434	6,734	6,434
Expenditures	**13,639**	**15,035**	**11,048**	**16,717**	**14,719**	**15,125**	**14,719**	**15,125**
Biennial Change in Expenditures				(909)		2,079		2,079
Biennial % Change in Expenditures				(3)		7		7
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	198.89	207.07	218.03	227.40	226.63	226.63	226.63	226.63

2050 - Environment & Natural Resources

Direct Appropriation			1,000		0	0	0	0
Expenditures			**1,000**					
Biennial Change in Expenditures			1,000			(1,000)		(1,000)
Biennial % Change in Expenditures								
Governor's Change from Base								0
Governor's % Change from Base								

2302 - Clean Water

Balance Forward In	3,209	1,770	1,110	1,246				
Direct Appropriation	3,913	3,812	4,787	5,107	0	0	6,872	6,872
Transfers In	150	150	150	150				
Transfers Out	150	150	150	150				

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Cancellations	107	8						
Balance Forward Out	1,555	857	1,244					
Expenditures	**5,460**	**4,716**	**4,653**	**6,353**			**6,872**	**6,872**
Biennial Change in Expenditures				830		(11,006)		2,738
Biennial % Change in Expenditures				8		(100)		25
Governor's Change from Base								13,744
Governor's % Change from Base								
Full-Time Equivalents	28.83	26.83	26.18	31.24			31.14	31.14

2360 - Health Care Access

Balance Forward In		1						
Transfers In	65	65	67	68	68	68	68	68
Cancellations		0						
Balance Forward Out	1							
Expenditures	**64**	**66**	**67**	**68**	**68**	**68**	**68**	**68**
Biennial Change in Expenditures				5		1		1
Biennial % Change in Expenditures				4		1		1
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	0.96	0.89	0.96	0.57	0.57	0.57	0.57	0.57

2403 - Gift

Balance Forward In	41	42	45	41	40	39	40	39
Receipts	2	4	1	1	1	1	1	1
Balance Forward Out	42	45	41	40	39	38	39	38
Expenditures	**1**	**2**	**5**	**2**	**2**	**2**	**2**	**2**
Biennial Change in Expenditures				5		(3)		(3)
Biennial % Change in Expenditures				253		(46)		(46)
Governor's Change from Base								0
Governor's % Change from Base								0

2800 - Environmental

Balance Forward In		69		42				

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Transfers In	265	265	741	746	746	746	746	746
Transfers Out			512	512	512	512	512	512
Cancellations		2						
Balance Forward Out	68		42					
Expenditures	**197**	**331**	**187**	**276**	**234**	**234**	**234**	**234**
Biennial Change in Expenditures				(65)		5		5
Biennial % Change in Expenditures				(12)		1		1
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	2.23	2.41	1.65	1.47	1.47	1.47	1.47	1.47

2801 - Remediation

Balance Forward In		47		15				
Transfers In	252	252	255	257	257	257	257	257
Cancellations		1						
Balance Forward Out	39		15					
Expenditures	**213**	**298**	**240**	**272**	**257**	**257**	**257**	**257**
Biennial Change in Expenditures				1		2		2
Biennial % Change in Expenditures				0		0		0
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	2.33	2.23	1.96	1.96	1.96	1.96	1.96	1.96

3000 - Federal

Balance Forward In		685	560	458				
Receipts	46,465	52,641	56,560	67,559	62,850	61,528	62,850	61,528
Transfers In		0						
Balance Forward Out	6	612	459					
Expenditures	**46,457**	**52,712**	**56,661**	**68,017**	**62,850**	**61,528**	**62,850**	**61,528**
Biennial Change in Expenditures				25,508		(300)		(300)
Biennial % Change in Expenditures				26		(0)		(0)
Governor's Change from Base								0
Governor's % Change from Base								0

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY16	FY17	FY18	FY19	FY20	FY21	FY20	FY21
Full-Time Equivalents	249.72	288.52	311.16	312.65	299.24	294.71	299.24	294.71

8201 - Drinking Water Revolving

Balance Forward In	87			118				
Receipts	632							
Transfers In		595	595	678	678	678	678	678
Balance Forward Out	84		118					
Expenditures	**636**	**595**	**477**	**796**	**678**	**678**	**678**	**678**
Biennial Change in Expenditures				42		83		83
Biennial % Change in Expenditures				3		7		7
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	4.83	4.03	2.90	4.26	4.26	4.26	4.26	4.26

Program: Health Protection
Activity: Environmental Health

health.state.mn.us/divs/eh/

AT A GLANCE

- Test drinking water at more than 7,000 public water systems.
- Ensure safe food, drinking water, lodging, and swimming pools in 23,000 establishments statewide.
- Annually certify 12,000 food managers and support 35,300 active food managers.
- Annually regulate the installation of 6,000 new wells and the sealing of 7,000 wells no longer in use.
- Promote healthy indoor environments and the reduction of unnecessary radiation exposure for over 11,000 facilities and individual contractors.

PURPOSE & CONTEXT

Whether it is clean air to breathe, clean water to drink, or wholesome food to eat, having a healthy environment is a key determinant for individual and community health. The Environmental Health Division strives to protect, promote, and improve public health in Minnesota by monitoring and managing environmental health risks and hazards around the state. We do this by:

- Ensuring that food served in Minnesota restaurants and other food establishments is safe,
- Keeping drinking water safe,
- Evaluating potential health risks from exposures to toxic environmental hazards, and
- Keeping our indoor environments healthy.

SERVICES PROVIDED

The Drinking Water Protection Program

- Ensures compliance with safe drinking water standards through inspection, contaminant monitoring, technical assistance, and education.
- Promotes prevention-based protective measures of Minnesota's ground and surface waters.
- Works collaboratively with other state agencies to protect water resources.

Food, Pools and Lodging Services

- Ensures compliance with state health standards to ensure sanitary conditions in the state's public swimming pools, hotels, schools, resorts, restaurants, manufactured home parks, recreational camping areas and children's camps.
- Provide public information, education, training, and assistance about safe food handling and hand-washing to the general public, business owners, and local government partners to reduce the risk of foodborne illness.

Environmental Surveillance and Assessment

- Evaluate potential health risks to the general public from exposures to toxic environmental hazards such as contaminated sport fish, waste disposal sites, operation of power plants, and agricultural and industrial activities. Recommend actions to minimize exposures and manage risks.
- Develop risk analysis data that is used by government agencies and others to protect the general public, ground water, and source water from environmental risks.
- Design and test public health interventions intended to reduce the level of mercury and other contaminants in women of childbearing age and newborns, especially in the Lake Superior basin.

- Test and reduce lead levels in children's blood and promote healthy home environments.

Indoor Environments and Radiation Programs

- Inspect and provide compliance assistance in the areas of asbestos and lead abatement.
- Enforce the Minnesota Clean Indoor Air Act, which prohibits smoking in most indoor public areas and workplaces.
- Provide public information about the potential health effects of asbestos, lead, radon, mold, and other indoor air contaminants.
- Register, inspect, and provide technical assistance to all x-ray facilities and license the use of radioactive materials.
- Monitor radiation near Minnesota's two nuclear power plants.
- Help local and state governmental agencies prepare for and respond to radiological emergencies and incidents.
- Help schools address indoor air quality concerns and other environmental health hazards.

Well Management Program

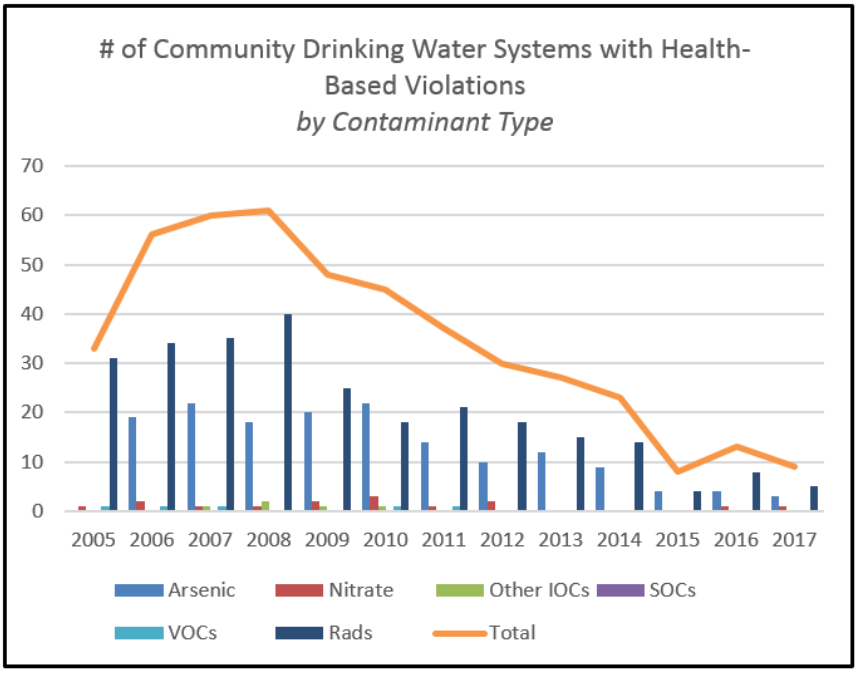
- Protect public health and groundwater resources by ensuring the proper construction, maintenance, and sealing of wells and borings.
- Contribute to interagency activities to protect water resources and public health through the Clean Water Fund by well sealing and improving protection of those served by private wells.

RESULTS

Drinking Water Compliance with Standards

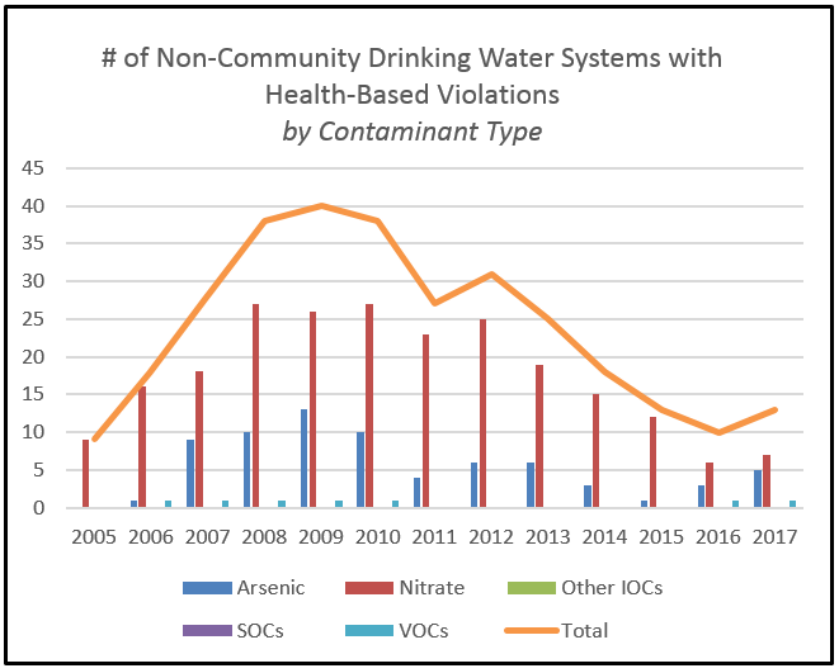
Overall, Minnesota has an excellent record of compliance with the federal Safe Drinking Water Act. Currently better than 99% of our public water systems (numbering more than 7,000 total systems) meet all the requirements. MDH's ongoing work to protect source water, inspect, monitor, collaborate, certify operators, and provide source water protection grants has allowed Minnesota to maintain a high rate of compliance and address violations when they arise.

As part of continuous improvement efforts, knowing where the violations are occurring and whether the trend is improving over time is important. The graphs to the right show the number and contaminants for which the violation



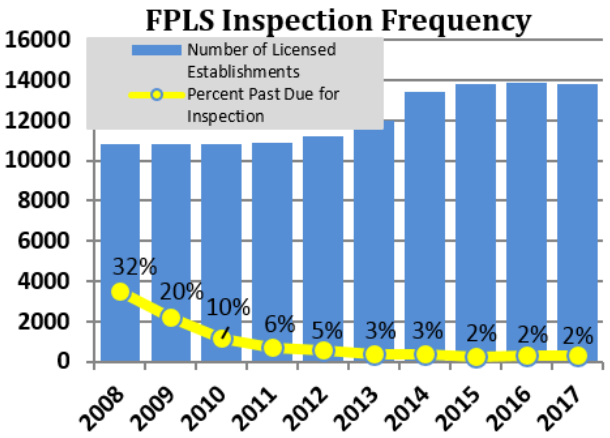
occurred from 2005 to 2017. They show that MDH and public water systems have been successful in reducing the number of violations. Non-community water systems are places where people do not live or are not part of a larger community public water system. These locations can include businesses, schools, resorts, and restaurants.

The graphs clearly show the impact of a new, lower standard for arsenic in the early years and the subsequent decline as MDH staff and public water supplies collaborated to address those violations. The graphs do not show why the curve is improving, but the number of compliance visits, staffing levels, grants and loans awarded, operator training, and changes in technology all play a role.



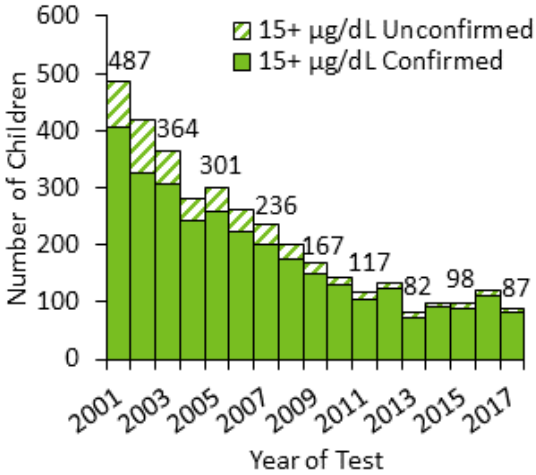
Food, Pools and Lodging Services Inspection Frequency

Assurance that food service, pools and lodging services are provided in a safe manner to the public is important for public health. The frequency at which inspections of these establishments are conducted helps assure the safety of those operations. The graph to the right shows that the percentage of past due inspections is decreasing despite the number of licensed establishments needing to be inspected rising.



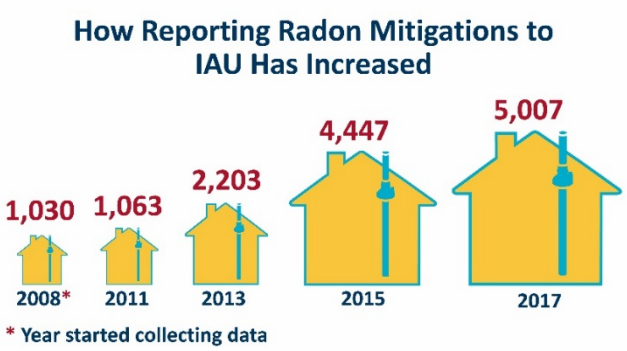
Children with Elevated Blood Lead Levels

Children with elevated blood lead levels are at significant risk of health and development problems. Prevention and early intervention are critical aspects to reducing blood lead levels in children. Children with confirmed blood lead levels above 15 µg/dL are required to receive an in-home inspection for lead. The number of Minnesota children with blood lead levels above this amount has decreased significantly since 2001.



Homes with Reduced Radon

Exposure to high indoor radon presents a significant lung cancer risk in Minnesota. Installing radon mitigation systems reduces the risk. The number of mitigation systems installed in Minnesota homes has increased from 1,030 in 2008 to 5,007 in 2017. This can be attributed to several factors: 1) a new disclosure law in home sales; 2) the Indoor Air Unit's statewide radon awareness campaigns, radon home test kit distribution, partnerships with over 100 organizations, and MDH staff research and policy work; and 3) a stronger economy over the past 10 years. Data are from the radon reporting system.



Statutes:
144.12, 144.122. 144.383, 446.081 Drinking Water Protection (https://www.revisor.mn.gov/statutes/?id=144)
157, M.S. 327, 144.1222 Food, Pools & Lodging Services (https://www.revisor.mn.gov/statutes/?id=157)
144.9502, M.R, 4717.8000 Environmental Surveillance and Assessment (https://www.revisor.mn.gov/statutes/?id=144.9502)
326.70, M.R. 4620, M.S. 144.9512, 144.1202,144.412 Environmental Surveillance and Assessment (https://www.revisor.mn.gov/statutes/?id=326.70)
103I.005 Well Management. (https://www.revisor.mn.gov/statutes/?id=103I.005)

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Expenditures by Fund								
1000 - General	3,006	3,390	2,876	3,979	3,458	3,458	3,502	3,543
1200 - State Government Special Rev	22,917	23,233	24,526	25,346	25,428	25,421	27,999	30,493
2000 - Restrict Misc Special Revenue	183	238	274	370	266	266	266	266
2001 - Other Misc Special Revenue	4	1	5	4	5	4	5	4
2050 - Environment & Natural Resources				1,000				
2302 - Clean Water	4,987	4,366	4,347	6,006			6,622	6,622
2403 - Gift		0	2					
2800 - Environmental	197	331	187	276	234	234	234	234
2801 - Remediation	213	298	240	272	257	257	257	257
3000 - Federal	9,487	8,776	9,971	9,914	9,757	9,703	9,757	9,703
8201 - Drinking Water Revolving	636	595	477	796	678	678	678	678
Total	**41,630**	**41,229**	**42,905**	**47,963**	**40,083**	**40,021**	**49,320**	**51,800**
Biennial Change				8,008		(10,764)		10,252
Biennial % Change				10		(12)		11
Governor's Change from Base								21,016
Governor's % Change from Base								26
Expenditures by Category								
Compensation	25,483	26,404	27,109	28,033	25,484	25,437	30,370	32,176
Operating Expenses	13,351	12,070	12,868	17,630	13,420	13,413	15,736	16,418
Grants, Aids and Subsidies	2,738	2,722	2,891	2,298	1,177	1,169	3,212	3,204
Capital Outlay-Real Property	56	31	5	1	1	1	1	1
Other Financial Transaction	3	1	31	1	1	1	1	1
Total	**41,630**	**41,229**	**42,905**	**47,963**	**40,083**	**40,021**	**49,320**	**51,800**
Total Agency Expenditures	41,630	41,229	42,905	47,963	40,083	40,021	49,320	51,800
Internal Billing Expenditures	5,681	5,691	6,910	7,080	6,248	6,230	6,248	6,230
Expenditures Less Internal Billing	**35,950**	**35,538**	**35,995**	**40,883**	**33,835**	**33,791**	**43,072**	**45,570**
Full-Time Equivalents	**285.05**	**283.27**	**282.92**	**289.92**	**263.22**	**263.44**	**312.24**	**330.70**

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
1000 - General								
Balance Forward In		327		521				
Direct Appropriation	3,249	3,273	3,397	3,458	3,458	3,458	3,502	3,543
Transfers In	75	75						
Transfers Out		275						
Cancellations		10						
Balance Forward Out	318		521					
Expenditures	**3,006**	**3,390**	**2,876**	**3,979**	**3,458**	**3,458**	**3,502**	**3,543**
Biennial Change in Expenditures				459		61		190
Biennial % Change in Expenditures				7		1		3
Governor's Change from Base								129
Governor's % Change from Base								2
Full-Time Equivalents	20.79	21.85	19.35	19.35	19.35	19.35	19.92	20.34
1200 - State Government Special Rev								
Balance Forward In		1,851	0					
Direct Appropriation	23,772	23,985	24,676	25,346	25,428	25,421	27,999	30,493
Transfers In	492	492						
Transfers Out			150					
Cancellations		3,095						
Balance Forward Out	1,347							
Expenditures	**22,917**	**23,233**	**24,526**	**25,346**	**25,428**	**25,421**	**27,999**	**30,493**
Biennial Change in Expenditures				3,722		977		8,620
Biennial % Change in Expenditures				8		2		17
Governor's Change from Base								7,643
Governor's % Change from Base								15
Full-Time Equivalents	165.93	170.11	168.56	166.15	166.15	166.15	185.46	203.28
2000 - Restrict Misc Special Revenue								
Balance Forward In	143	139	129	106	2	2	2	2
Receipts	173	220	252	266	266	266	266	266
Balance Forward Out	134	120	107	2	2	2	2	2
Expenditures	**183**	**238**	**274**	**370**	**266**	**266**	**266**	**266**
Biennial Change in Expenditures				223		(112)		(112)

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Biennial % Change in Expenditures				53		(17)		(17)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	0.85	1.35	1.66	2.21	2.21	2.21	2.21	2.21

2001 - Other Misc Special Revenue

Balance Forward In	6	5	5	4	3	2	3	2
Receipts	4	1	4	3	4	4	4	4
Transfers Out	0							
Balance Forward Out	5	5	4	3	2	2	2	2
Expenditures	**4**	**1**	**5**	**4**	**5**	**4**	**5**	**4**
Biennial Change in Expenditures				4		0		0
Biennial % Change in Expenditures				71		(4)		(4)
Governor's Change from Base								0
Governor's % Change from Base								0

2050 - Environment & Natural Resources

Direct Appropriation				1,000	0	0	0	0
Expenditures				**1,000**				
Biennial Change in Expenditures				1,000		(1,000)		(1,000)
Biennial % Change in Expenditures								
Governor's Change from Base								0
Governor's % Change from Base								

2302 - Clean Water

Balance Forward In	2,659	1,531	958	1,149				
Direct Appropriation	3,899	3,741	4,687	5,007	0	0	6,622	6,622
Transfers Out	150	150	150	150				
Cancellations	73							
Balance Forward Out	1,349	756	1,148					
Expenditures	**4,987**	**4,366**	**4,347**	**6,006**			**6,622**	**6,622**
Biennial Change in Expenditures				999		(10,353)		2,891
Biennial % Change in Expenditures				11		(100)		28

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Governor's Change from Base								13,244
Governor's % Change from Base								
Full-Time Equivalents	24.76	24.04	24.09	30.23			29.14	29.14

2403 - Gift

Balance Forward In	2	3	2					
Receipts	1							
Balance Forward Out	3	2	0					
Expenditures		**0**	**2**					
Biennial Change in Expenditures			2			(2)		(2)
Biennial % Change in Expenditures								
Governor's Change from Base								0
Governor's % Change from Base								

2800 - Environmental

Balance Forward In		69		42				
Transfers In	265	265	741	746	746	746	746	746
Transfers Out			512	512	512	512	512	512
Cancellations		2						
Balance Forward Out	68		42					
Expenditures	**197**	**331**	**187**	**276**	**234**	**234**	**234**	**234**
Biennial Change in Expenditures				(65)		5		5
Biennial % Change in Expenditures				(12)		1		1
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	2.23	2.41	1.65	1.47	1.47	1.47	1.47	1.47

2801 - Remediation

Balance Forward In		47		15				
Transfers In	252	252	255	257	257	257	257	257
Cancellations		1						
Balance Forward Out	39		15					
Expenditures	**213**	**298**	**240**	**272**	**257**	**257**	**257**	**257**

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Biennial Change in Expenditures				1		2		2
Biennial % Change in Expenditures				0		0		0
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	2.33	2.23	1.96	1.96	1.96	1.96	1.96	1.96

3000 - Federal

Balance Forward In		42						
Receipts	9,494	8,838	9,971	9,914	9,757	9,703	9,757	9,703
Balance Forward Out	6	103						
Expenditures	**9,487**	**8,776**	**9,971**	**9,914**	**9,757**	**9,703**	**9,757**	**9,703**
Biennial Change in Expenditures				1,621		(425)		(425)
Biennial % Change in Expenditures				9		(2)		(2)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	63.33	57.25	62.75	64.29	67.82	68.04	67.82	68.04

8201 - Drinking Water Revolving

Balance Forward In	87			118				
Receipts	632							
Transfers In		595	595	678	678	678	678	678
Balance Forward Out	84		118					
Expenditures	**636**	**595**	**477**	**796**	**678**	**678**	**678**	**678**
Biennial Change in Expenditures				42		83		83
Biennial % Change in Expenditures				3		7		7
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	4.83	4.03	2.90	4.26	4.26	4.26	4.26	4.26

Program: Health Protection
Activity: Infectious Disease

http://www.health.state.mn.us/divs/idepc/

AT A GLANCE

- Investigated 1,408 cases of Lyme disease, 638 cases of anaplasmosis, and 59 cases of babesiosis in 2017. Worked with partners to identify several new tick-borne disease causing agents.
- Investigated 601 cases of syphilis in 2017; confirmed treatment for 585 of the cases; interviewed 426, and identified 696 sex partners for testing and treatment.
- Coordinated programs to immunize the 70,000 infants born each year.
- Provided free vaccines to one in every three children in Minnesota.
- Coordinated with many partners to respond to the 2017 measles outbreak. Due to massive public health efforts, only 75 measles cases resulted from almost 9,000 known exposures in health care, schools, and child care settings.
- Managed treatment for 168 new tuberculosis cases and evaluated 1,954 individuals exposed to the case in 2016. Investigated largest multi-drug resistant TB outbreak in the U.S., within Ramsey County.
- Tracked incidence of hepatitis B and C and the increase in C associated with injection opioid use.
- Developed a toolbox that provides the components all hospitals should have in place to identify, isolate, and inform authorities regarding a patient with a high consequence infectious disease.

PURPOSE & CONTEXT

The Infectious Disease Epidemiology, Prevention and Control Division provides statewide leadership to ensure Minnesotans are safe from infectious diseases.

Our role:

- Maintain systems to detect, investigate, and mitigate infectious disease outbreaks and threats.
- Recommend policy for detecting, preventing, or controlling infectious diseases.
- Coordinate with the health care and public health systems to prevent further transmission of diseases.
- Provide access to vaccines and medications to prevent and treat infectious diseases.
- Provide advice to health care providers on diagnosis and management of emerging infectious diseases (e.g., Ebola and Zika).
- Evaluate the effectiveness of our infectious disease activities.

SERVICES PROVIDED

Prevent, identify, investigate and mitigate infectious disease threats.

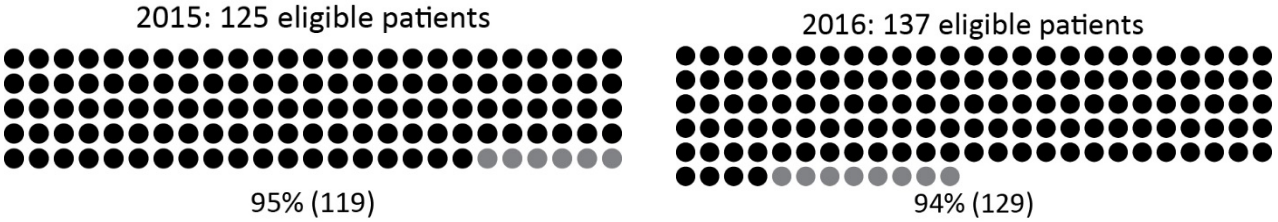
- Maintain a 24/7 system to detect, investigate and control cases of infectious disease including emerging diseases (e.g., pandemic influenza, Ebola, Zika).
- Analyze disease reports to identify unusual patterns of infectious disease, detect outbreaks, identify the cause, and implement control measures.
- Alert health care providers and the public about outbreaks and how to prevent them from spreading.
- Maintain a foodborne illness hotline to receive complaints from the public and identify possible foodborne outbreaks quickly.
- Manage tuberculosis treatment and provide medications for patients to prevent disease spread.

- Investigate health care-associated infections or infection prevention breaches, work collaboratively with health care facilities to prevent the spread of infection, and conduct follow-up on those who were exposed to infectious disease.
- Coordinate refugee medical screenings to identify and treat health problems.
- Distribute publicly purchased vaccines for children whose families cannot afford them.
- Provide leadership for the statewide immunization information system.
- Conduct studies on infectious diseases of concern to the public and the medical community.
- Educate the public, especially high-risk populations, on disease testing, treatment, and prevention.
- Provide funding to local public health agencies and nonprofit organizations for infectious disease prevention activities.
- Enhance infection prevention and antibiotic stewardship by providing assessment and technical assistance to health care facilities.
- Involve high-risk communities, health care providers, and concerned citizens in responding to infectious disease challenges.
- Prevent the spread of infectious disease (such as hepatitis C and HIV) by encouraging pharmacies to provide clean syringes without a prescription to injection drug users.
- Alert the public where and when the risk of infectious disease is the greatest.
- Evaluate the effectiveness of infectious disease public health programs by monitoring disease trends and outcomes.

RESULTS

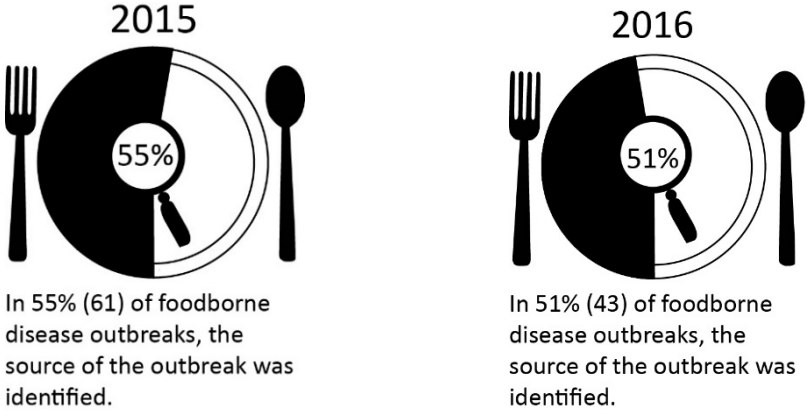
Percentage of eligible* tuberculosis patients who complete therapy in 12 months.
Source: MDH TB Program Data

*Only includes patients for whom 12 months of treatment or less is recommended.



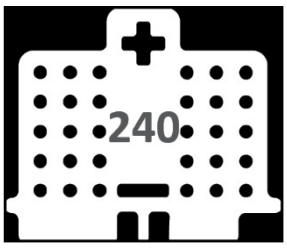
Percentage of foodborne disease outbreaks in which the source of the outbreak was identified.
Source: MDH Foodborne Outbreak Data

In 2016, MDH identified the sources of outbreak in 51% of the foodborne disease outbreaks. This exceeds the national level of 39% in the same year as reported by the National Outbreak Reporting System.

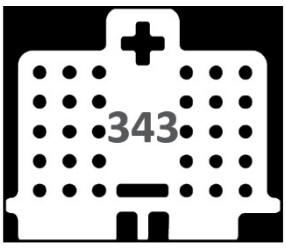


Number of on-site infection control assessment, training, and technical assistance visits to acute care hospitals, long-term care facilities, dialysis centers, and outpatient facilities throughout Minnesota.

Source: ICAR data



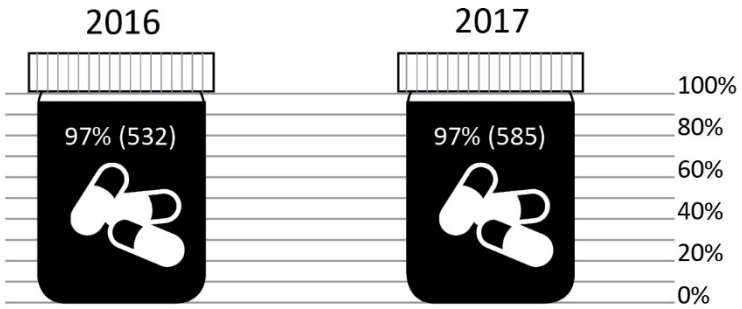
Jan. 1, 2016 to July 29, 2017



July 30, 2017 to July 30, 2018

Percentage of early syphilis cases investigated for whom treatment was confirmed.

Source: Partner Services Data



Investigated 549 cases of early syphilis; confirmed treatment for 532 of the cases.

Investigated 601 cases of early syphilis; confirmed treatment for 585 of the cases.

Statutes:
M.S. 13.3805 (https://www.revisor.mn.gov/statutes/?id=13.3805)
M.S. 121A.15 (https://www.revisor.mn.gov/statutes/?id=121A.15)
M.S. 214.17 – 214.25 (https://www.revisor.mn.gov/statutes/cite/214.17)
M.S. 144.05 (https://www.revisor.mn.gov/statutes/?id=144.05)
M.S. 144.12 (https://www.revisor.mn.gov/statutes/?id=144.12)
M.S. 144.3351 (https://www.revisor.mn.gov/statutes/?id=144.3351)
M.S. 144.3441 (https://www.revisor.mn.gov/statutes/cite/144.3441)
M.S. 144.4171 - 144.4185 (https://www.revisor.mn.gov/statutes/cite/144.4171)
M.S. 144.4801 – 144.491 (https://www.revisor.mn.gov/statutes/cite/144.4801)
Minnesota Rules, Chapter 4604 and 4605. (https://www.revisor.mn.gov/rules/?id=4604)
(https://www.revisor.mn.gov/rules/4605/)

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Expenditures by Fund								
1000 - General	3,280	4,975	3,497	4,667	4,113	4,113	4,145	4,174
1200 - State Government Special Rev	181	182	177	251	214	214	107	0
2000 - Restrict Misc Special Revenue	931	835	522	598	397	397	397	397
2001 - Other Misc Special Revenue	854	1,313	2,202	2,505	2,503	2,503	2,503	2,503
2302 - Clean Water	357	228	96	188			250	250
2403 - Gift	1	1	3	2	2	2	2	2
3000 - Federal	21,270	23,112	24,572	31,321	29,075	29,020	29,075	29,020
Total	**26,873**	**30,646**	**31,070**	**39,532**	**36,304**	**36,249**	**36,479**	**36,346**
Biennial Change				13,082		1,951		2,223
Biennial % Change				23		3		3
Governor's Change from Base								272
Governor's % Change from Base								0
Expenditures by Category								
Compensation	14,688	16,729	17,654	19,237	17,974	17,962	18,139	18,085
Operating Expenses	9,194	9,258	9,050	12,372	10,527	10,483	10,537	10,457
Grants, Aids and Subsidies	2,937	4,653	4,215	7,923	7,803	7,804	7,803	7,804
Other Financial Transaction	54	7	150					
Total	**26,873**	**30,646**	**31,070**	**39,532**	**36,304**	**36,249**	**36,479**	**36,346**
Total Agency Expenditures	26,873	30,646	31,070	39,532	36,304	36,249	36,479	36,346
Internal Billing Expenditures	3,465	3,606	4,254	5,165	4,738	4,692	4,765	4,699
Expenditures Less Internal Billing	**23,408**	**27,041**	**26,816**	**34,367**	**31,566**	**31,557**	**31,714**	**31,647**
Full-Time Equivalents	**174.57**	**197.61**	**203.48**	**199.68**	**186.03**	**185.66**	**187.43**	**186.35**

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
1000 - General								
Balance Forward In	274	1,050		554				
Direct Appropriation	4,015	3,969	9,067	4,113	4,113	4,113	4,145	4,174
Transfers In	287	718						
Transfers Out	296	732	5,000					
Cancellations	0	29	17					
Balance Forward Out	1,000		554					
Expenditures	**3,280**	**4,975**	**3,497**	**4,667**	**4,113**	**4,113**	**4,145**	**4,174**
Biennial Change in Expenditures				(91)		62		155
Biennial % Change in Expenditures				(1)		1		2
Governor's Change from Base								93
Governor's % Change from Base								1
Full-Time Equivalents	18.59	17.67	16.48	16.48	16.48	16.48	16.88	17.17
1200 - State Government Special Rev								
Balance Forward In		41		37				
Direct Appropriation	214	214	214	214	214	214	107	0
Cancellations		73						
Balance Forward Out	33		37					
Expenditures	**181**	**182**	**177**	**251**	**214**	**214**	**107**	**0**
Biennial Change in Expenditures				65		0		(321)
Biennial % Change in Expenditures				18		0		(75)
Governor's Change from Base								(321)
Governor's % Change from Base								(75)
Full-Time Equivalents	1.33	1.35	1.20	1.20	1.20	1.20	0.20	-0.80
2000 - Restrict Misc Special Revenue								
Balance Forward In		7	12	2				
Receipts	938	841	512	596	397	397	397	397
Balance Forward Out	7	12	2					
Expenditures	**931**	**835**	**522**	**598**	**397**	**397**	**397**	**397**
Biennial Change in Expenditures				(646)		(326)		(326)
Biennial % Change in Expenditures				(37)		(29)		(29)
Governor's Change from Base								0

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Governor's % Change from Base								0
Full-Time Equivalents	7.02	3.95	2.34	3.28	2.88	2.88	2.88	2.88

2001 - Other Misc Special Revenue

Balance Forward In	2,469	2,114	1,799	6,093	5,791	5,491	5,791	5,491
Receipts	337	996	1,496	2,203	2,203	2,203	2,203	2,203
Transfers In			5,000					
Balance Forward Out	1,952	1,797	6,093	5,791	5,491	5,191	5,491	5,191
Expenditures	**854**	**1,313**	**2,202**	**2,505**	**2,503**	**2,503**	**2,503**	**2,503**
Biennial Change in Expenditures				2,540		299		299
Biennial % Change in Expenditures				117		6		6
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	2.00	4.78	11.47	7.41	7.41	7.41	7.41	7.41

2302 - Clean Water

Balance Forward In	550	238	84	88				
Direct Appropriation	14	71	100	100	0	0	250	250
Cancellations	0	8						
Balance Forward Out	207	73	88					
Expenditures	**357**	**228**	**96**	**188**			**250**	**250**
Biennial Change in Expenditures				(300)		(284)		216
Biennial % Change in Expenditures				(51)		(100)		76
Governor's Change from Base								500
Governor's % Change from Base								
Full-Time Equivalents	3.09	1.94	0.91				2.00	2.00

2403 - Gift

Balance Forward In	39	39	43	41	40	39	40	39
Receipts	1	4	1	1	1	1	1	1
Balance Forward Out	39	42	41	40	39	38	39	38
Expenditures	**1**	**1**	**3**	**2**	**2**	**2**	**2**	**2**
Biennial Change in Expenditures				4		(1)		(1)

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Biennial % Change in Expenditures				212		(25)		(25)
Governor's Change from Base								0
Governor's % Change from Base								0

3000 - Federal

Balance Forward In		102	108	15				
Receipts	21,271	23,075	24,479	31,306	29,075	29,020	29,075	29,020
Balance Forward Out		65	15					
Expenditures	**21,270**	**23,112**	**24,572**	**31,321**	**29,075**	**29,020**	**29,075**	**29,020**
Biennial Change in Expenditures				11,511		2,202		2,202
Biennial % Change in Expenditures				26		4		4
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	142.54	167.92	171.08	171.31	158.06	157.69	158.06	157.69

Program: Health Protection
Activity: Public Health Laboratory

health.state.mn.us/divs/phl/index.html

AT A GLANCE

- Provide testing for contaminants in the environment and to evaluate exposures to contaminants in people. In FY 2018, the lab received 40,507 samples and performed 116,304 analyses.
- Provide testing for viruses and other microbes that make people sick, as well as look for outbreaks related to food and water. In FY 2018, the lab performed 84,091 tests on 44,907 samples.
- Screen for rare disorders in newborn babies, including hearing loss and critical congenital heart disease. In FY2018 the lab screened 67,127 newborns for 61 rare treatable disorders.

PURPOSE & CONTEXT

The Public Health Laboratory provides many services that help keep Minnesotans safe, including:

- Detecting infectious disease outbreaks and other public health threats;
- Screening newborns for rare conditions which greatly improves their outcomes;
- Identifying chemical, radiological, and biological hazards;
- Preparing and responding to emergencies; and
- Producing high-quality laboratory data used to inform public health decisions.

We do this by collaborating with local, state, and federal officials; public and private hospitals; laboratories; and other entities throughout the state.

SERVICES PROVIDED

We test environmental samples for chemical, bacterial and radiological contaminants.

- Test drinking and non-drinking water for various compounds that can be hazardous to human health and our environment. We analyze an average of about 4,300 drinking water samples for Coliform/*E. coli* bacteria per year with several hundred positive results.
- Develop methods to test potentially harmful chemicals in human samples to help make the connection between an environmental hazard and human exposure.
- Develop new methods for analyzing environmental samples for chemicals or materials with a perceived, potential, or real threat to human health or those that lack published health standards.

We test samples for rare and common infectious diseases.

- Test to identify microbes that impact public health including bacteria, viruses, parasites, and other organisms that make people sick. Many of the tests performed are for rare and/or emerging threats such as rabies, Ebola virus, and Zika virus.
- Perform DNA fingerprinting of bacteria to identify outbreaks caused by exposure to contaminated food and water.
- Conduct specialized tests to determine if a microbe is resistant to antibiotics and figure out how it has become resistant, to estimate how well vaccines work, or to determine why some germs cause more severe disease.
- Report results to public health and health care professionals, who then offer treatment and stop the spread of disease-causing microbes.
- Ensure quick discovery and control of outbreaks to minimize the spread of illness.

We screen newborns for treatable conditions.

- Screen all Minnesota newborns for 61 treatable, hidden, rare disorders including hearing loss and critical congenital heart disease.
- Ensure that treatable disorders are detected and babies receive follow-up testing and care, resulting in improved long-term health outcomes and quality of life for these babies and their parents.
- Educate Minnesota's new and expectant parents and medical providers about newborn screening.

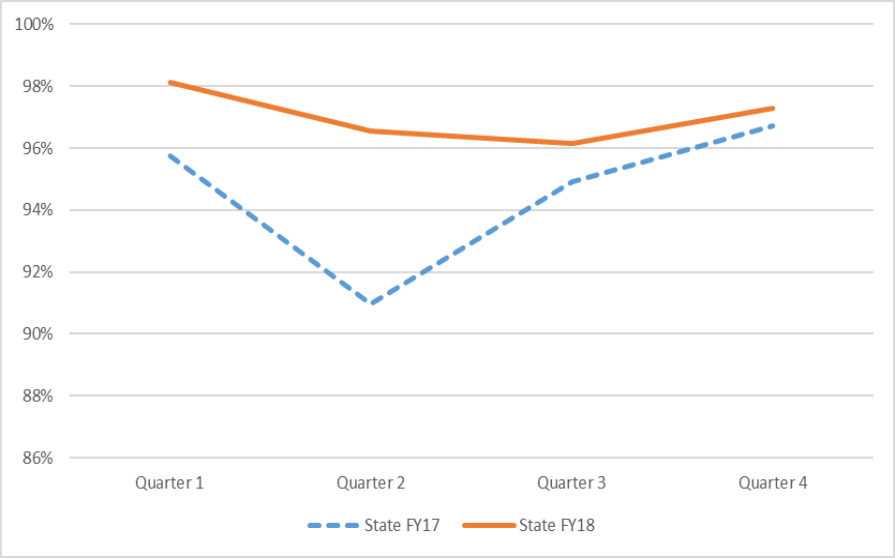
Emergency Preparedness and Response

- Detect and respond to many kinds of hazards, including harmful chemicals, radioactive materials, and biological organisms that can make people sick.
- Serve as a member of Minnesota's Radiological Emergency Preparedness program, which would respond in the event of a release of radioactive chemicals at Minnesota's nuclear power plants.
- Detect harmful germs in air samples through an air-monitoring program.
- Train public and private laboratories to be able to recognize and report possible agents of chemical, disease, and other public health threats.
- Prepare to offer services in response to a mass casualty event involving harmful chemicals anywhere in the country.
- Conduct rapid testing on clinical or environmental samples of concern (e.g., unknown white powders).
- Develop and maintain new testing methods to identify potentially harmful agents.

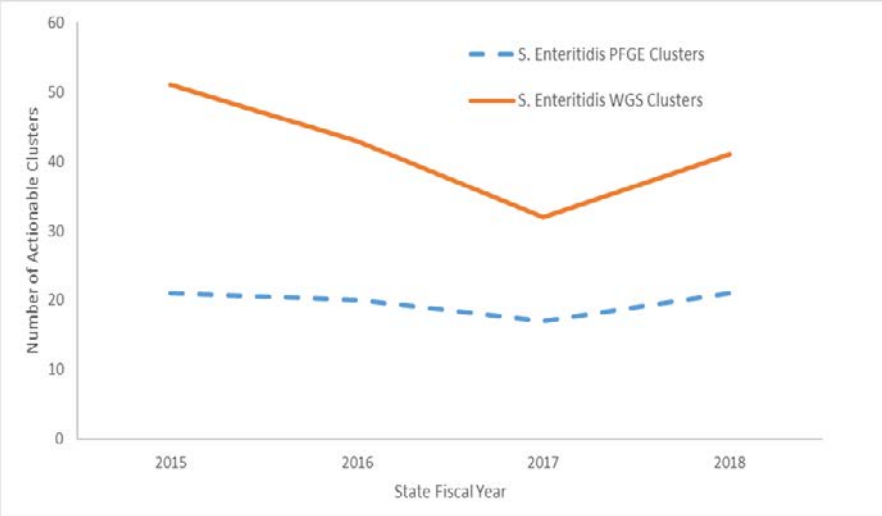
RESULTS

Percent of Environmental Samples Tested and Reported to Program Partners within Specified Timeframe

Meeting turnaround times, i.e. the time it takes to test a sample and report the results, ensures that our program partners receive timely information to make decisions about what actions they need to take to protect public health. This graph shows the laboratory's ability to meet partner expectations by providing results of water testing within the agreed upon timeframe. Reliable and timely reporting of testing helps state programs assure the quality and safety of water that Minnesotans use for drinking, swimming, and fishing.



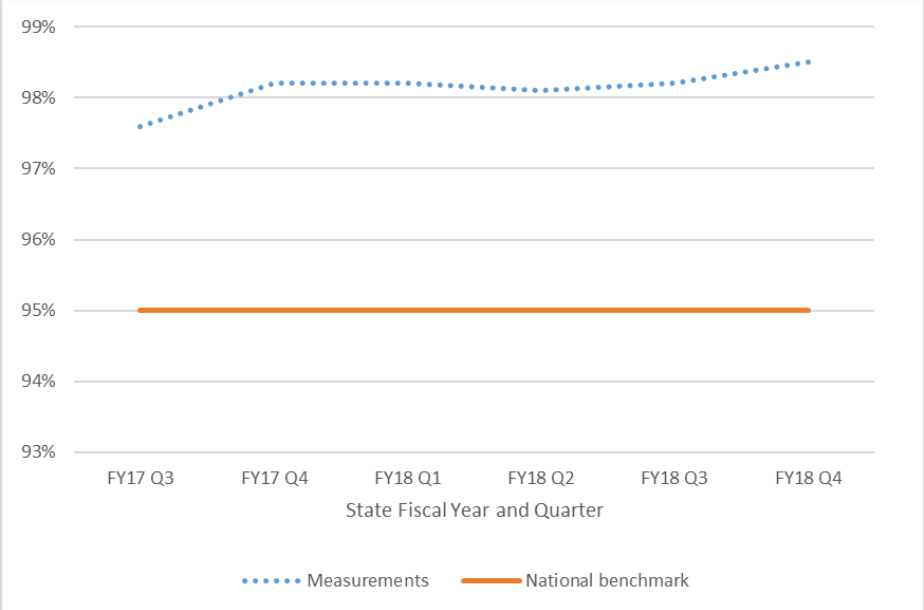
Number of Actionable Clusters of Salmonella Enteritidis Found with Whole Genome Sequencing vs. Pulse-Field Gel Electrophoresis



The laboratory recently evaluated a new technology called whole genome sequencing (WGS) to identify *Salmonella* Enteritidis, a bacterium that causes foodborne illness. This graph shows that we are able to find more actionable clusters that indicate an outbreak using WGS than with the old method, pulsed-gel electrophoresis (PFGE). Using this new technology enables our laboratory to identify more outbreaks, allowing us to find the source and prevent more people from becoming sick.

Percent of Newborn Screening Samples Collected within 48 Hours of Birth

Collecting newborn screening samples within 48 hours of birth helps reduce the time needed to identify infants at risk for newborn screening disorders. The sooner identification occurs, the sooner medical actions can happen for infants identified with disorders on the screening panel. Early actions result in better health outcomes. Minnesota has exceeded the national benchmark for all quarters reported.



Statutes:
M.S. 144.05 General Duties of the Commissioner (https://www.revisor.mn.gov/statutes/?id=144.05)
M.S. 144.123 Fees for diagnostic laboratory services (https://www.revisor.mn.gov/statutes/?id=144.123)
M.S. 144.125 Tests of Infants for Heritable & Congenital Disorders (https://www.revisor.mn.gov/statutes/?id=144.125)
M.S. 144.1251 Newborn Screening for Critical Congenital Heart Disease (CCHD) (https://www.revisor.mn.gov/statutes/?id=144.1251)
M.S. 144.1255 Newborn Screening Advisor Committee (https://www.revisor.mn.gov/statutes/cite/144.1255)

M.S. 144.128 Commissioner's Duties (Newborn Screening) (https://www.revisor.mn.gov/statutes/?id=144.128)
M.S. 144.192 Treatment of Biological Specimens and Health Data (https://www.revisor.mn.gov/statutes/?id=144.192)
M.S. 144.193 Inventory of Biological and Health Data (https://www.revisor.mn.gov/statutes/?id=144.193)
M.S. 144.966 Early Hearing Detection (https://www.revisor.mn.gov/statutes/?id=144.966)
M.S. 144.99 Enforcement (https://www.revisor.mn.gov/statutes/?id=144.99)
M.S. 13.386 Treatment of Genetic Information Held by Government Entities & Other Persons (https://www.revisor.mn.gov/statutes/?id=13.386)
M.S. 13.3805 Public Health Data (https://www.revisor.mn.gov/statutes/?id=13.3805)
Minnesota Rules Chapter 4605 Communicable Diseases (https://www.revisor.mn.gov/rules/?id=4605)
Minnesota Rules 4615.0400 Definitions (https://www.revisor.mn.gov/rules/?id=4615.0400)

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Expenditures by Fund								
1000 - General	1,704	2,145	1,747	3,255	2,524	2,524	3,396	3,241
1200 - State Government Special Rev	8,394	8,220	8,850	9,094	8,984	8,984	9,046	9,100
2000 - Restrict Misc Special Revenue	598	503	141	147	141	141	141	141
2001 - Other Misc Special Revenue	4,236	3,737	4,069	4,523	4,076	4,076	4,076	4,076
2302 - Clean Water	115	122	209	159				
3000 - Federal	6,989	10,275	11,285	14,509	11,715	10,502	11,715	10,502
Total	**22,036**	**25,001**	**26,301**	**31,687**	**27,440**	**26,227**	**28,374**	**27,060**
Biennial Change				10,951		(4,321)		(2,554)
Biennial % Change				23		(7)		(4)
Governor's Change from Base								1,767
Governor's % Change from Base								3
Expenditures by Category								
Compensation	10,607	11,608	12,515	13,575	12,861	12,395	12,954	12,572
Operating Expenses	9,740	10,884	13,052	15,750	12,645	11,999	13,486	12,655
Grants, Aids and Subsidies	36			267	267	267	267	267
Capital Outlay-Real Property	1,632	2,490	722	2,095	1,667	1,566	1,667	1,566
Other Financial Transaction	22	18	12					
Total	**22,036**	**25,001**	**26,301**	**31,687**	**27,440**	**26,227**	**28,374**	**27,060**
Total Agency Expenditures	22,036	25,001	26,301	31,687	27,440	26,227	28,374	27,060
Internal Billing Expenditures	3,174	2,967	4,404	5,021	4,371	4,172	4,371	4,172
Expenditures Less Internal Billing	**18,862**	**22,033**	**21,897**	**26,666**	**23,069**	**22,055**	**24,003**	**22,888**
Full-Time Equivalents	**130.72**	**139.36**	**144.35**	**138.59**	**129.49**	**124.37**	**130.68**	**126.43**

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
1000 - General								
Balance Forward In	53	717		731				
Direct Appropriation	2,323	2,383	2,478	2,524	2,524	2,524	3,396	3,241
Transfers Out		950						
Cancellations		5						
Balance Forward Out	672		731					
Expenditures	**1,704**	**2,145**	**1,747**	**3,255**	**2,524**	**2,524**	**3,396**	**3,241**
Biennial Change in Expenditures				1,153		46		1,635
Biennial % Change in Expenditures				30		1		33
Governor's Change from Base								1,589
Governor's % Change from Base								31
Full-Time Equivalents	17.31	17.27	16.35	18.44	14.46	14.46	14.88	15.19
1200 - State Government Special Rev								
Balance Forward In		1,077		117				
Direct Appropriation	9,570	9,577	9,085	9,095	8,984	8,984	9,046	9,100
Transfers Out	611	610	118	118				
Cancellations		1,824						
Balance Forward Out	565		117					
Expenditures	**8,394**	**8,220**	**8,850**	**9,094**	**8,984**	**8,984**	**9,046**	**9,100**
Biennial Change in Expenditures				1,330		24		202
Biennial % Change in Expenditures				8		0		1
Governor's Change from Base								178
Governor's % Change from Base								1
Full-Time Equivalents	36.43	35.66	35.22	35.22	36.39	35.68	37.16	37.01
2000 - Restrict Misc Special Revenue								
Balance Forward In		0						
Receipts	598	502	141	147	141	141	141	141
Expenditures	**598**	**503**	**141**	**147**	**141**	**141**	**141**	**141**
Biennial Change in Expenditures				(813)		(6)		(6)
Biennial % Change in Expenditures				(74)		(2)		(2)
Governor's Change from Base								0
Governor's % Change from Base								0

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Full-Time Equivalents	2.85	3.03	0.95	0.87	0.84	0.81	0.84	0.81

2001 - Other Misc Special Revenue

Balance Forward In	1,219	1,275	1,580	1,481	1,241	1,241	1,241	1,241
Receipts	4,245	3,841	3,971	4,283	4,076	4,076	4,076	4,076
Balance Forward Out	1,228	1,379	1,481	1,241	1,241	1,241	1,241	1,241
Expenditures	**4,236**	**3,737**	**4,069**	**4,523**	**4,076**	**4,076**	**4,076**	**4,076**
Biennial Change in Expenditures				619		(440)		(440)
Biennial % Change in Expenditures				8		(5)		(5)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	34.05	31.90	29.99	23.23	21.72	21.72	21.72	21.72

2302 - Clean Water

Balance Forward In			68	9				
Transfers In	150	150	150	150				
Cancellations	35							
Balance Forward Out		28	9					
Expenditures	**115**	**122**	**209**	**159**				
Biennial Change in Expenditures				131		(368)		(368)
Biennial % Change in Expenditures				55		(100)		(100)
Governor's Change from Base								0
Governor's % Change from Base								
Full-Time Equivalents	0.98	0.85	1.18	1.01				

3000 - Federal

Balance Forward In		540	451	443				
Receipts	6,990	10,178	11,277	14,066	11,715	10,502	11,715	10,502
Balance Forward Out		443	443					
Expenditures	**6,989**	**10,275**	**11,285**	**14,509**	**11,715**	**10,502**	**11,715**	**10,502**
Biennial Change in Expenditures				8,530		(3,577)		(3,577)
Biennial % Change in Expenditures				49		(14)		(14)
Governor's Change from Base								0

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Governor's % Change from Base								0
Full-Time Equivalents	39.10	50.65	60.66	59.82	56.08	51.70	56.08	51.70

Program: Health Protection
Activity: Health Regulation

health.state.mn.us/divs/fpc/index.html

AT A GLANCE

The Health Regulation Division (HRD) in MDH consists of 250 staff statewide for the following regulatory activities: state licenses and federal certifications; completing inspections, investigations, reviews, or audits; administering registries; taking enforcement actions when necessary; and providing information to consumers and providers. HRD regulates 40 different types of providers and organizations including healthcare facilities, health professions, health plans, and body artists and piercers. HRD's regulatory activities protect Minnesotans from before birth to after death (doulas and birth centers to morticians and funeral establishments). There is a strong relationship with the Centers for Medicare and Medicaid Services (CMS) in our regulation of the many health facilities that are federally-certified.

- Monitor 4,200 health care facilities and providers for safety and quality
- Review qualifications and regulate more than 6,700 health professionals
- Monitor nine health maintenance organizations and three county-based purchasing organizations that provide health care to 1.1 million Minnesotans
- Enforce interagency agreement with DHS who conducts 130,000 criminal background checks for healthcare workers at facilities the Health Regulation Division (HRD) regulates
- Maintain a registry of more than 60,000 nursing assistants
- Inspect 560 funeral establishments and license 1,300 morticians
- Process more than 1 million and audit more than 8,000 federal nursing home resident health assessments to ensure accurate submission, completion and billing for services
- Register more than 3,400 spoken language health interpreters

PURPOSE & CONTEXT

HRD protects the health and safety of Minnesota's nursing home residents, home care clients, hospital patients, clients with developmental disabilities, enrollees of health maintenance organizations (HMOs) and county-based purchasing plans, families obtaining services at funeral establishments, birth center clients, body art establishment clients, and other clients of healthcare.

A great deal of HRD's work focuses on protecting older Minnesotans and vulnerable adults. As Minnesota's population ages over the next 20 years, older residents will require an increasing amount of health services and the need for health protection will become even more important.

SERVICES PROVIDED

Licensing & Certification

- Evaluate license, registration, or federal certification submissions from applicants for the minimum requirements so that all providers meet the same minimum qualifications and are qualified to practice
- Ensure that fire and safety inspections are conducted and that health facilities meet the physical plant requirements that protect the health and safety of patients and residents
- Review funeral service providers to ensure that pre-need funds paid by families are protected and available to pay for services when needed
- Regulate body art establishments and technicians to prevent blood borne infections

- Regulate HMOs and County Based Purchasing entities to ensure compliance with statutes and rules governing financial solvency, quality assurance, network adequacy and consumer protection
- Conduct audits of federally certified nursing homes to ensure they are accurately completing the resident health assessment and billing Medicaid appropriately for services provided

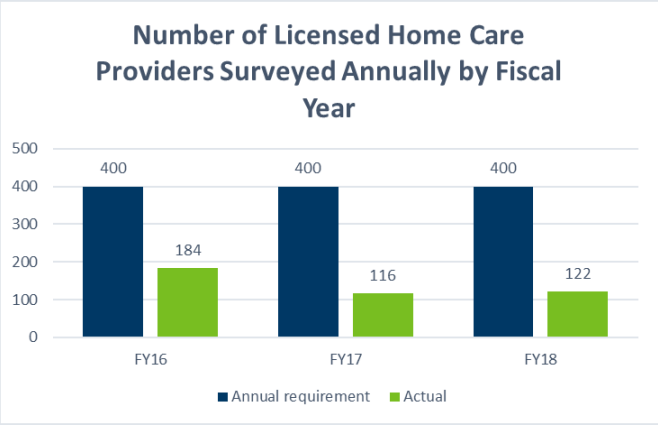
Complaints, Investigations & Enforcement

- Respond to thousands of citizen calls each year, investigate complaints, and initiate enforcement actions when appropriate against health facilities and providers found to be violating state or federal laws
- Enforce the laws protecting persons from maltreatment under the Vulnerable Adults Act and Maltreatment of Minors Acts.
- Verify that health facilities have properly taken steps to protect residents in the event of emergencies, such as fire, tornadoes, floods, and health provider strikes.

RESULTS

At the end of 2017, we had a report and investigation backlog of 3,147. Our goal was to address the backlog and reduce it to 0 by 12/31/18. We achieved our goal early on 8/26/18.

Minnesota has approximately 1,200 licensed home care providers that MDH needs to inspect at least every three years. In order to accomplish this, we need to inspect an estimated 400 providers each year. We have not met this statutory requirement during the past three years.



Type of Measure	*Name of Measure*	*Previous*	*Current*	*Dates*
Quantity	Federal standard: inspect each nursing home at least every 15.9 months	100%	100%	FFY14 FFY15
Quality	Total onsite Vulnerable Adults Act investigations completed within 60 days	40%	31%	SFY13 SFY14
Quantity	Inspect each temporary home care license within the first twelve months	100%	100%	SFY17 SFY18
Quantity	Inspect each licensed home care provider at least once every three years	29%	30%	SFY17 SFY18
Quality	Enforcement Actions (licenses denied or issued with conditions)	3	26	SFY17 SFY18

Statutes
148.511 Speech language pathologists and audiologists licensing (148.511 – 148.5198) (https://www.revisor.mn.gov/statutes/?id=148.511)
146B Body Art (https://www.revisor.mn.gov/statutes/?id=146B)
148.995 Doula registry (https://www.revisor.mn.gov/statutes/?id=148.995)
153A Hearing instrument dispensing (https://www.revisor.mn.gov/statutes/?id=153A)
148.6401 Occupational therapists and assistants (https://www.revisor.mn.gov/statutes/?id=148.6401)
144A.52 Office health facility complaints (https://www.revisor.mn.gov/statutes/?id=144A.52)
149A Mortuary science; disposition of dead bodies (Chapter 306, 307) (https://www.revisor.mn.gov/statutes/?id=149A)
146A Complementary and alternative health care practices (https://www.revisor.mn.gov/statutes/?id=146A)
144.058 Spoken language health care interpreters (https://www.revisor.mn.gov/statutes/?id=144.058)
144A.43 Home care (144A.43-144A.44; 144A.471-144A.4798; 144A.481; 626.556-626.5572) (https://www.revisor.mn.gov/statutes/?id=144A.43)
62D Health maintenance organizations (https://www.revisor.mn.gov/statutes/?id=62D)
144.0724 Case mix (256B.438) (https://www.revisor.mn.gov/statutes/?id=144.0724)

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Expenditures by Fund								
1000 - General	2,802	4,548	5,939	7,197	7,702	8,706	17,861	21,463
1200 - State Government Special Rev	12,490	12,234	13,739	13,257	13,272	13,616	14,646	15,159
2000 - Restrict Misc Special Revenue	313	291	282	290	290	290	2,551	290
2001 - Other Misc Special Revenue	8,544	9,984	4,771	9,685	8,135	8,542	8,135	8,542
2360 - Health Care Access	64	66	67	68	68	68	68	68
3000 - Federal	8,711	10,550	10,833	12,273	12,303	12,303	12,303	12,303
Total	**32,925**	**37,673**	**35,632**	**42,770**	**41,770**	**43,525**	**55,564**	**57,825**
Biennial Change				7,803		6,893		34,987
Biennial % Change				11		9		45
Governor's Change from Base								28,094
Governor's % Change from Base								33
Expenditures by Category								
Compensation	21,647	23,118	25,118	26,159	26,724	26,964	31,896	36,262
Operating Expenses	11,274	14,539	10,513	16,602	15,039	16,554	23,661	21,556
Other Financial Transaction	5	16	1	9	7	7	7	7
Total	**32,925**	**37,673**	**35,632**	**42,770**	**41,770**	**43,525**	**55,564**	**57,825**
Total Agency Expenditures	32,925	37,673	35,632	42,770	41,770	43,525	55,564	57,825
Internal Billing Expenditures	5,171	5,281	6,456	6,492	5,995	5,995	5,995	5,995
Expenditures Less Internal Billing	**27,755**	**32,392**	**29,175**	**36,278**	**35,775**	**37,530**	**49,569**	**51,830**
Full-Time Equivalents	**217.78**	**231.96**	**244.83**	**267.42**	**267.31**	**267.31**	**320.54**	**366.82**

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
1000 - General								
Balance Forward In		120						
Direct Appropriation	2,926	4,428	5,986	7,244	7,702	8,706	17,861	21,463
Transfers In			1,166	2,034	2,401	3,405	2,401	3,405
Transfers Out	5	0	1,213	2,081	2,401	3,405	2,401	3,405
Cancellations		0						
Balance Forward Out	120							
Expenditures	**2,802**	**4,548**	**5,939**	**7,197**	**7,702**	**8,706**	**17,861**	**21,463**
Biennial Change in Expenditures				5,786		3,272		26,188
Biennial % Change in Expenditures				79		25		199
Governor's Change from Base								22,916
Governor's % Change from Base								140
Full-Time Equivalents	0.76	0.68	1.85	1.55	1.55	1.55	43.41	87.99
1200 - State Government Special Rev								
Balance Forward In		1,790						
Direct Appropriation	14,100	12,636	13,417	13,334	13,349	13,693	15,278	15,159
Open Appropriation			249					
Transfers In			150					
Transfers Out	77	77	77	77	77	77	632	0
Cancellations		2,115						
Balance Forward Out	1,533							
Expenditures	**12,490**	**12,234**	**13,739**	**13,257**	**13,272**	**13,616**	**14,646**	**15,159**
Biennial Change in Expenditures				2,272		(108)		2,809
Biennial % Change in Expenditures				9		(0)		10
Governor's Change from Base								2,917
Governor's % Change from Base								11
Full-Time Equivalents	46.89	46.11	48.78	49.00	48.00	48.00	59.37	61.07
2000 - Restrict Misc Special Revenue								
Receipts	314	291	282	290	290	290	1,919	290
Transfers In							632	
Expenditures	**313**	**291**	**282**	**290**	**290**	**290**	**2,551**	**290**
Biennial Change in Expenditures				(32)		8		2,269

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Biennial % Change in Expenditures				(5)		1		396
Governor's Change from Base								2,261
Governor's % Change from Base								390
Full-Time Equivalents	1.58	1.19		2.31	2.41	2.41	2.41	2.41

2001 - Other Misc Special Revenue

Balance Forward In	108	1,457	58					
Receipts	9,037	8,636	4,713	9,685	8,135	8,542	8,135	8,542
Transfers In	56							
Transfers Out	56	0						
Balance Forward Out	601	108	0					
Expenditures	**8,544**	**9,984**	**4,771**	**9,685**	**8,135**	**8,542**	**8,135**	**8,542**
Biennial Change in Expenditures				(4,072)		2,221		2,221
Biennial % Change in Expenditures				(22)		15		15
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	162.84	170.39	176.57	196.76	197.50	197.50	197.50	197.50

2360 - Health Care Access

Balance Forward In		1						
Transfers In	65	65	67	68	68	68	68	68
Cancellations		0						
Balance Forward Out	1							
Expenditures	**64**	**66**	**67**	**68**	**68**	**68**	**68**	**68**
Biennial Change in Expenditures				5		1		1
Biennial % Change in Expenditures				4		1		1
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	0.96	0.89	0.96	0.57	0.57	0.57	0.57	0.57

3000 - Federal

Receipts	8,710	10,550	10,833	12,273	12,303	12,303	12,303	12,303
Transfers In		0						

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Expenditures	**8,711**	**10,550**	**10,833**	**12,273**	**12,303**	**12,303**	**12,303**	**12,303**
Biennial Change in Expenditures				3,846		1,500		1,500
Biennial % Change in Expenditures				20		6		6
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	4.75	12.70	16.67	17.23	17.28	17.28	17.28	17.28

Program: Health Operations

AT A GLANCE

- Health Operations

PURPOSE & CONTEXT

Health Operations provides leadership and support to all program and activity areas at MDH. The purpose, services, results and authorizing statutes of each activity is described in the following pages. The fiscal page for Health Operations reflects a summation of activities under this budget program area.

Program: Health Operations
Activity: Health Operations

AT A GLANCE

- Provide human resource services to over 1,500 MDH employees in ten locations across the state
- Provide information technology services support for 250 software applications, 256 servers, and 2,070 personal computers
- Oversee and guide nearly $325 million in outgoing grants to 500 unique grantees
- Process over 25,500 payment transactions and execute 1,700 contracts and grant agreements for MDH programs each year
- Review and release 45 separate legislatively-mandated reports

PURPOSE & CONTEXT

Health Operations provides overall vision and strategic leadership to achieve our mission and create effective public health policy and practice in Minnesota. We provide operational support for employees and programs within the agency to ensure strong stewardship of human, financial, and technical resources at MDH. We provide planning, policy development, legislative relations, internal and external communications, and legal services for the department.

We strive to achieve efficient and accountable government services by promoting strong internal controls, evaluating process improvement opportunities, and using project management tools. We carry out our mission in partnership with a wide range of external organizations that help to promote and protect the health of all Minnesotans.

SERVICES PROVIDED

Our **Agency Project Planning** office provides project management services for business process improvements and agency-wide technology projects. In addition, this office supports a number of IT applications that are central to how we do our work.

The **Communications** team works closely with the news media to issue nearly 60 news releases and advisories and respond to over 900 media inquiries per year. We work with divisions to ensure that accurate, timely, and clear information on a wide range of public health topics is shared with the public, with a special focus on coordinating public awareness and outreach related to emerging public health concerns.

Facilities Management provides space planning, physical security, lease management, fleet services, and operations support at MDH district offices.

Financial Management provides stewardship of MDH financial resources through centralized accounting and procurement service, and oversight of cash management and financial reporting for federal grants. Our Grants Management office coordinates the work of nearly 175 MDH grant managers to ensure consistent procedures are followed across the department and to improve consistency and effectiveness of outgoing grants. Our Budget office coordinates budget planning and fiscal analysis for the Governor and the Legislature.

Human Resource Management provides strategic personnel management and workforce development. We manage staffing and labor relations; administer compensation, benefits and payroll services, and provide training

programs to strengthen employee capacity and management skills. We consult with employees, managers, and supervisors on complex employment issues.

The **Office of Diversity and Inclusion** promotes an inclusive workplace with equal opportunity and affirmative action programs.

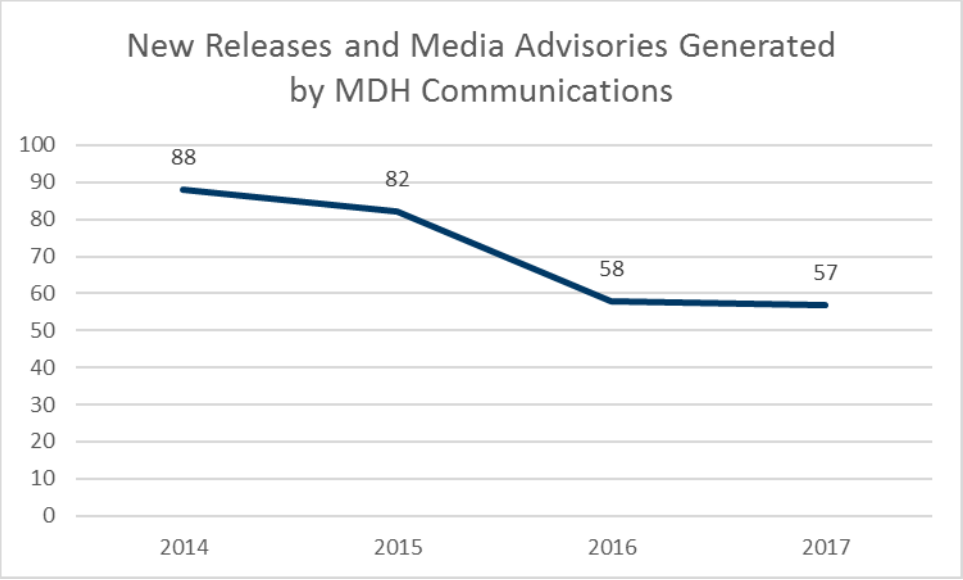
Our **Internal Audit** program provides independent, objective assurance to MDH management over a variety of financial and compliance matters and provides investigative and consulting services as needed. Through this work, we improve agency policies and procedures to strengthen internal control structures.

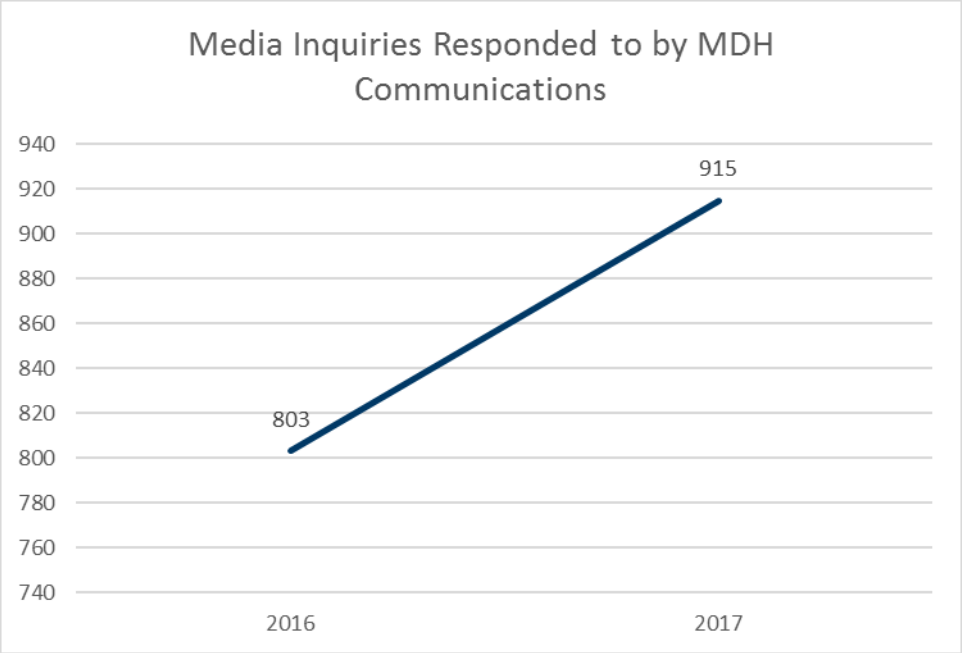
Our **Legal Services** unit serves the commissioner in a general in-house counsel capacity, while providing overall direction to and oversight of legal services provided to MDH. The Legal Unit responds to all legal need of the department in areas such as emergency preparedness and response, rulemaking, data practices and privacy, contracts, records management, delegations of authority, infectious disease control, medical cannabis, health facility complaints, managed care, and statutory and regulatory compliance. The Legal Unit also serves as the primary liaison with the Office of the Minnesota Attorney General in complicated legal issues and ongoing civil litigation matters where MDH is a party.

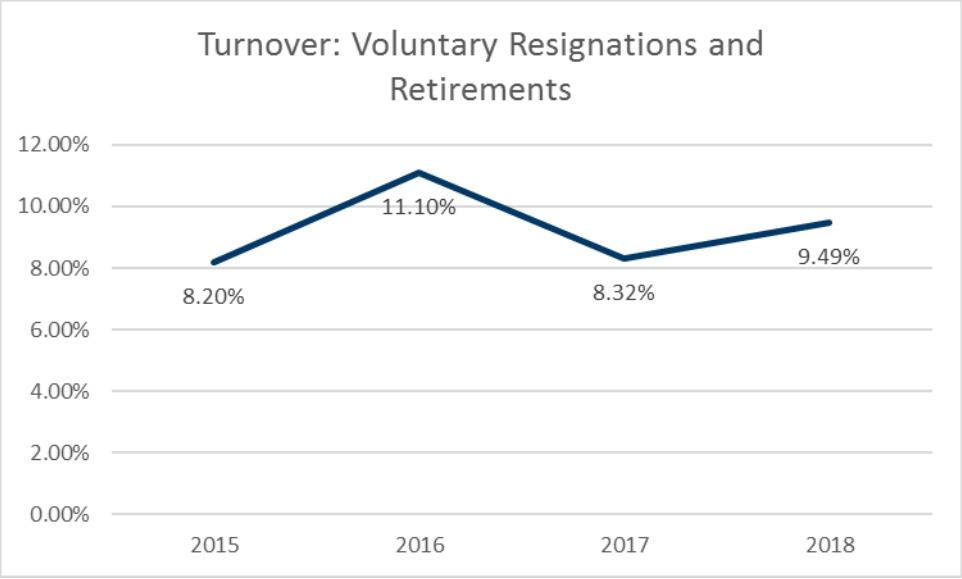
Legislative Relations staff lead and coordinate state legislative activities and monitor federal legislative activities to advance the department's priorities and mission. We work closely with the Governor's Office, department divisions, legislators, legislative staff, and other state agencies on the department's strategies and priorities. We also serve as a contact for the public, other departments, legislators and legislative staff throughout the legislative session and during the interim.

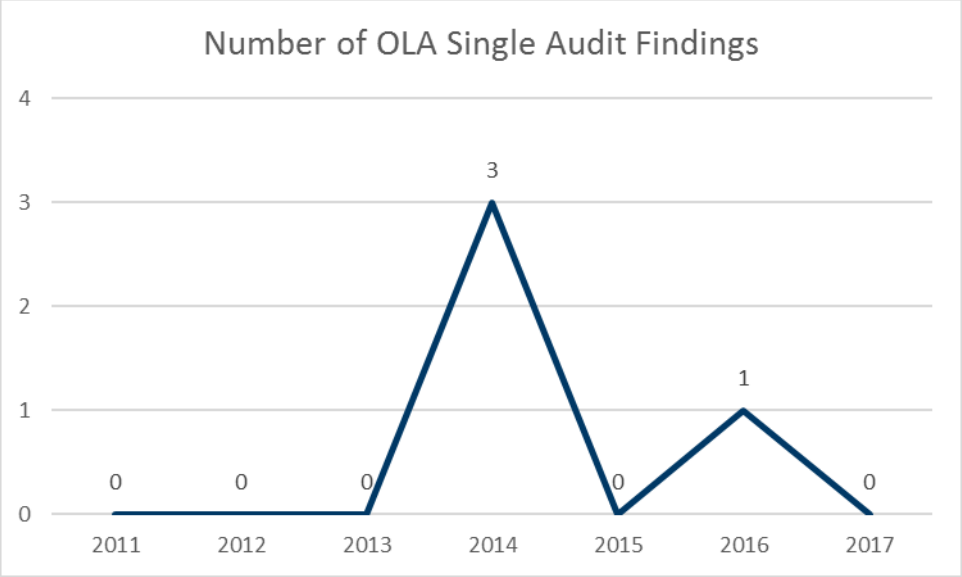
MDH works in **partnership with MN.IT** to manage our IT resources and ensure that technology meets our business needs. MN.IT @ MDH provides expertise, planning and development of our technology systems, high-level security for all departmental data, systems and communications; manages our communication and IT infrastructure; and provides desktop support, training, and problem solving for employees.

RESULTS

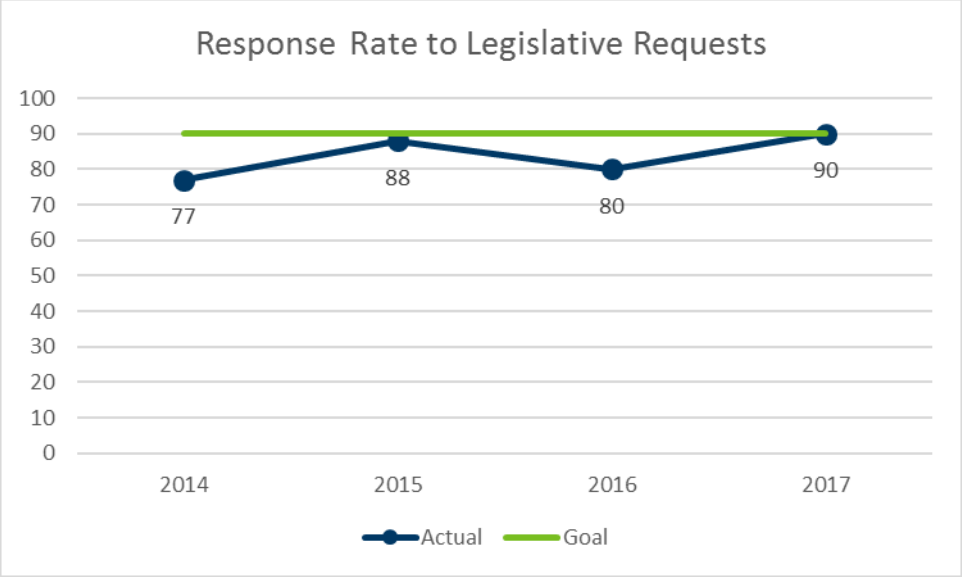



Media Inquiries Responded to by MDH Communications
940
920
900
880
860
840
820
800
780
760
740
915
803
2016
2017


Turnover: Voluntary Resignations and Retirements
12.00%
10.00%
8.00%
6.00%
4.00%
2.00%
0.00%
11.10%
9.49%
8.20%
8.32%
2015
2016
2017
2018



The Office of Legislative Relations' goal is to respond to 90% of legislative requests within seven days, recognizing that some requests are complicated or have a wide scope and cannot be completed in such a short time frame. The legislative relations team came close to meeting its goal in 2014-2016 and met the goal in 2017.



Statutes

Health Operations supports the work of all areas of MDH. Statutes governing MDH's work can be found primarily in Chapters:

M.S. 144, (https://www.revisor.leg.state.mn.us/statutes/?id=144)

M.S. 145, (https://www.revisor.leg.state.mn.us/statutes/?id=145)

M.S. 145A (https://www.revisor.leg.state.mn.us/statutes/?id=145A)

M.S. 62J (https://www.revisor.leg.state.mn.us/statutes/?id=62J)

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Expenditures by Fund								
1000 - General	7,077	9,731	9,181	9,905	9,786	9,786	10,803	10,915
2000 - Restrict Misc Special Revenue	8	11	6	4	4	4	4	4
2001 - Other Misc Special Revenue	30,972	29,106	30,707	34,400	34,688	35,745	34,688	35,745
2403 - Gift	5	10	13	25				
3000 - Federal	467	802	460	1,684	1,026	454	1,026	454
Total	**38,529**	**39,660**	**40,368**	**46,018**	**45,504**	**45,989**	**46,521**	**47,118**
Biennial Change				8,196		5,107		7,253
Biennial % Change				10		6		8
Governor's Change from Base								2,146
Governor's % Change from Base								2
Expenditures by Category								
Compensation	11,977	13,189	13,019	12,302	13,366	13,285	13,375	13,302
Operating Expenses	26,269	26,469	27,347	33,714	32,136	32,702	33,144	33,814
Grants, Aids and Subsidies			0					
Capital Outlay-Real Property	162							
Other Financial Transaction	121	2	1	2	2	2	2	2
Total	**38,529**	**39,660**	**40,368**	**46,018**	**45,504**	**45,989**	**46,521**	**47,118**
Total Agency Expenditures	38,529	39,660	40,368	46,018	45,504	45,989	46,521	47,118
Internal Billing Expenditures	403	772	424	446	563	406	563	406
Expenditures Less Internal Billing	**38,126**	**38,888**	**39,944**	**45,572**	**44,941**	**45,583**	**45,958**	**46,712**
Full-Time Equivalents	**127.77**	**134.80**	**126.88**	**127.00**	**94.88**	**94.02**	**95.00**	**94.22**

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
1000 - General								
Balance Forward In		827		97				
Direct Appropriation	8,210	8,224	9,357	9,888	9,933	9,933	10,950	11,062
Transfers In	401	1,099	73	67				
Transfers Out	705	420	152	147	147	147	147	147
Balance Forward Out	828		97					
Expenditures	**7,077**	**9,731**	**9,181**	**9,905**	**9,786**	**9,786**	**10,803**	**10,915**
Biennial Change in Expenditures				2,278		486		2,632
Biennial % Change in Expenditures				14		3		14
Governor's Change from Base								2,146
Governor's % Change from Base								11
Full-Time Equivalents	1.04	2.10	2.47	6.31	6.31	6.31	6.43	6.51
2000 - Restrict Misc Special Revenue								
Balance Forward In	22	20	25	29	30	31	30	31
Receipts	6	16	9	5	5	5	5	5
Balance Forward Out	20	25	29	30	31	32	31	32
Expenditures	**8**	**11**	**6**	**4**	**4**	**4**	**4**	**4**
Biennial Change in Expenditures				(10)		(2)		(2)
Biennial % Change in Expenditures				(51)		(16)		(16)
Governor's Change from Base								0
Governor's % Change from Base								0
2001 - Other Misc Special Revenue								
Balance Forward In	9,259	4,874	2,063	704				
Receipts	25,589	26,019	30,013	34,361	35,388	36,445	35,388	36,445
Internal Billing Receipts	24,812	25,410	29,463	34,231	35,258	36,315	35,258	36,315
Transfers In	3,527	4,222	4,438	4,899				
Transfers Out	4,307	4,909	5,104	5,564	700	700	700	700
Balance Forward Out	3,096	1,100	703					
Expenditures	**30,972**	**29,106**	**30,707**	**34,400**	**34,688**	**35,745**	**34,688**	**35,745**
Biennial Change in Expenditures				5,030		5,326		5,326
Biennial % Change in Expenditures				8		8		8
Governor's Change from Base								0

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20	Forecast Base FY21	Governor's Recommendation FY20	Governor's Recommendation FY21
Governor's % Change from Base								0
Full-Time Equivalents	125.15	132.21	123.90	119.18	87.22	87.22	87.22	87.22

2403 - Gift

Balance Forward In	19	17	20	25				
Receipts	5	13	19					
Transfers Out	1							
Balance Forward Out	17	19	25					
Expenditures	**5**	**10**	**13**	**25**				
Biennial Change in Expenditures				23		(38)		(38)
Biennial % Change in Expenditures				152		(100)		(100)
Governor's Change from Base								0
Governor's % Change from Base								

3000 - Federal

Balance Forward In	3	194	194	194				
Receipts	467	802	460	1,490	1,026	454	1,026	454
Transfers Out	3							
Balance Forward Out		194	194					
Expenditures	**467**	**802**	**460**	**1,684**	**1,026**	**454**	**1,026**	**454**
Biennial Change in Expenditures				875		(664)		(664)
Biennial % Change in Expenditures				69		(31)		(31)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	1.58	0.49	0.51	1.51	1.35	0.49	1.35	0.49

(Dollars in Thousands)

Federal Agency and CFDA #	Federal Award Name and Brief Purpose	New Grant	FY2018 Actuals	FY2019 Budget	FY2020 Base	FY2021 Base	Required State Match or MOE?	FTEs
ACF (93.092)	Personal Responsibility Education Program (PREP) - Supports efforts to decrease teen pregnancy/STIs in high-risk adolescent populations.	N	766	775	893	893		1.8
ACF (93.235)	Abstinence Education Program - Reduce the teen pregnancy and sexually transmitted infections rates.	N	914	770	660	660	Match	0.3
CDC (93.073)	Microcephaly Surveillance and Services - Supports surveillance of birth defects in Minnesota, specifically for microcephaly	N	127	-	-	-		
CDC (93.073)	Birth Defects Information System - Supports surveillance of birth defects in Minnesota.	N	174	197	175	175		1.5
CDC (93.314)	Early Hearing Detection and Intervention (EHDI) - Supports a centralized newborn hearing screening tracking and surveillance system.	N	74	77	77	77		0.5
CDC (93.758)	Preventive Health and Health Services (PHHS) Block Grant - Primary source of cross-cutting funding to address national Healthy People 2020 objectives. The PHHS block grant is used to prevent and control chronic diseases, respond quickly to disease outbreaks, build public health capacity and address emerging needs.	N	137	170	170	170	MOE	1.7
CDC (93.946)	Pregnancy Risk Assessment Monitoring System (PRAMS) - Monitors maternal experiences and behaviors just before, during and after pregnancy.	N	123	158	161	161		0.8
CDC (93.946)	Minnesota Perinatal Quality Collaborative (MNPQC) - Improves clinical maternal and infant health outcomes through improvements in data quality, use, reporting and follow up.	N	9	200	200	200		0.4
CMS (93.778)	Child & Teen Check Up - Supports provider training for early and periodic screening, diagnosis and treatment.	N	360	489	494	488		3.1
DHHS (93.500)	Expectant Teens and Families - Supports pregnant and parenting women and men (under age 26) to accomplish their higher education/post-secondary education goals.	N	-	970	970	970		1.9
DHHS (93.088)	Prevention of Opioid Misuse in Women - Prevent illegal or unnecessary opioid use among young women aged 10-17.	N	-	200	100	100		0.6
DHHS (93.297)	Teenage Pregnancy Prevention Program - Tier 1 Abstinence Funding	N	-	416	500	83		0.1

Federal Agency and CFDA #	Federal Award Name and Brief Purpose	New Grant	FY2018 Actuals	FY2019 Budget	FY2020 Base	FY2021 Base	Required State Match or MOE?	FTEs
DHHS (93.500)	Expectant Teens and Families - Supports pregnant and parenting women and men (under age 26) to accomplish their higher education/post-secondary education goals.	N	1,393	-	-	-		
DOE (84.027)	Individuals with Disabilities Education Act (IDEA) - Technical assistance to local public health for identifying and serving infants and toddlers with disabilities.	N	56	60	60	60		0.4
DOE (84.181)	Individuals with Disabilities Education Act (IDEA) - Support to local public health agencies for early identification of infants and toddlers with developmental and social delays.	N	199	200	200	200		
HRSA (93.110)	Minnesota State System Development Initiative - Supports data review and analysis of maternal and child health issues.	N	33	-	-	-		
HRSA (93.110)	Children and Youth with Autism Spectrum Disorder - Early detection and intervention activities	N	36	-	-	-		
HRSA (93.110)	Integrated Community Systems - Supports efforts to increase the proportion of CYSHCN who receive integrated care through a patient/family-centered, health care home approach.	N	74	-	-	-		
HRSA (93.110)	Minnesota State System Development Initiative (SSDI) - Supports data review and analysis of maternal and child health issues.	N	68	100	100	100		0.8
HRSA (93.110)	Maternal and Child Health Program - Screening and treatment for maternal depression	N	-	487	650	650		0.1
HRSA (93.110)	Newborn Screening Implementation - Determine follow-up protocols and processes, system gaps and opportunities for Pompe Disease, MPS1, and X-ALD.	N	11	-	-	-		
HRSA (93.110)	Adolescent and Young Adult Health, Collaborative Improvement and Innovation Network (AYAH-CoIIN) - Improve access to and quality of preventive services for adolescents and young adults.	N	7	8	-	-		
HRSA (93.110)	Newborn Screening Implementation - Determine follow-up protocols and processes, system gaps and opportunities for Pompe Disease, MPS1, and X-ALD.	N	89	36	-	-		

Federal Agency and CFDA #	Federal Award Name and Brief Purpose	New Grant	FY2018 Actuals	FY2019 Budget	FY2020 Base	FY2021 Base	Required State Match or MOE?	FTEs
HRSA (93.251)	Universal Newborn Screening and Hearing Program - Supports efforts to detect hearing impairments in infants and reduce any negative impacts through early intervention.	N	206	338	250	250		0.9
HRSA (93.505)	Maternal, Infant and Early Childhood Home Visiting (MIECHV) - Supports efforts to improve the health and developmental outcomes for at-risk children through evidenced-based home visiting programs.	N	9,401	9,199	9,200	9,200	MOE	12.3
HRSA (93.994)	Maternal and Child Health Block Grant - Supports public health services to low-income, high-risk mothers and children, including children with special health needs.	N	10,185	9,104	9,104	9,104	Match/MOE	21.4
USDA (10.557)	Women, Infants and Children (WIC) - Eligible food purchases.	N	56,089	62,000	62,000	62,000		
USDA (10.557)	Women, Infants and Children (WIC) - Formula rebate contract.	N	28,145	28,145	28,145	28,145		
USDA (10.557)	Women, Infants and Children (WIC) - Nutrition services and administration	N	31,217	31,265	31,265	31,265		
USDA (10.557)	Women, Infants and Children (WIC) - Peer breastfeeding.	N	1,091	1,000	1,000	1,000		0.7
USDA (10.565)	Commodity Supplemental Food Program (CSFP) - Provides nutritious food to low-income elderly individuals.	N	1,151	1,500	1,500	1,500		
USDA (10.578)	Women, Infants and Children (WIC) - Electronic benefits transfer (EBT) implementation	N	1,375	1,860	1,972	100		
USDA (10.578)	Women, Infants and Children (WIC) - Electronic benefits transfer (EBT) planning	N	57	-	-	-		34.4
USDA (10.578)	Women, Infants and Children (WIC) - Infrastructure improvements	N	89	125	100	100		1.1
	Activity Total : Community and Family Health		**143,657**	**149,849**	**149,946**	**147,651**		**84.69**
ACL (93.433)	National Institute on Disability, Independent Living, and Rehabilitation Research -	N	27	78	-	-		0.4
CDC (93.068)	Alcohol Epidemiology Grant - Promoting Population Health through Increased Capacity in Alcohol	N	145	292	150	150		1.0
CDC (93.070)	Environmental Public Health Tracking - Supports a tracking system to integrate data about environmental hazards with data about diseases that are possibly linked to the environment, and provide public access via a data portal.	N	880	875	875	875		13.6
CDC (93.070)	MN Comprehensive Asthma Control - Supports statewide activities to train health professionals, educate individuals with asthma and their families, and explain asthma to the public.	N	636	750	750	750		

Federal Agency and CFDA #	Federal Award Name and Brief Purpose	New Grant	FY2018 Actuals	FY2019 Budget	FY2020 Base	FY2021 Base	Required State Match or MOE?	FTEs
CDC (93.074)	Minnesota Drug Overdose and Substance Abuse Pilot Project - Testing of an emergency department-based drug overdose surveillance system.	N	70	-	-	-		7.7
CDC (93.136)	Core Injury and Violence Prevention - Supports comprehensive injury prevention and control activities, with a focus on traumatic brain injury.	N	287	248	248	248		
CDC (93.136)	National Violent Death Reporting System (NVDRS) - Provide communities with a clearer understanding of violent deaths.	N	237	475	233	233		7.5
CDC (93.136)	Prescription Drug Overdose Prevention - Improve the use of the state's prescription monitoring program and implement prevention programs that change practices.	N	446	675	451	451		
CDC (93.136)	Rape Prevention and Education - Supports statewide prevention and education programs that address sexual violence.	N	731	566	632	632		1.8
CDC (93.136)	State Opioid Surveillance - Improve state tracking and reporting on opioid-involved morbidity and mortality and its associated risk factors.	N	93	528	301	301		
CDC (93.184)	Disabilities Prevention - Develop, implement, and measure the effectiveness of interventions that promote the health and wellness of people with disabilities and prevent secondary conditions across the lifespan.	N	15	35	-	-		5.9
CDC (93.184)	Improving Health of People with Mobility Disabilities - Develop, implement, and measure the effectiveness of interventions that promote the health and wellness of people with disabilities and prevent secondary conditions across the lifespan.	N	181	150	150	150		0.5
CDC (93.262)	Occupational Health and Safety Surveillance - Determines rates, trends, and causes of work-related injury and illness.	N	134	130	130	130		8.9
CDC (93.283)	Cancer in MN Children - Supports enhancements to the cancer surveillance system to increase the rapidity of reporting for pediatric cancer cases.	N	167	182	182	182		6.4
CDC (93.283)	Cancer Prevention and Control - Study on innovative approaches to utilization of breast and cervical cancer screening services.	N	285	-	-	-		
CDC (93.283)	Oral Disease Prevention - Supports the development of state-level infrastructure to improve oral health in the state.	N	236	190	-	-		2.2

Federal Agency and CFDA #	Federal Award Name and Brief Purpose	New Grant	FY2018 Actuals	FY2019 Budget	FY2020 Base	FY2021 Base	Required State Match or MOE?	FTEs
CDC (93.366)	MN Actions to Improve Oral Health Work Force - Decrease dental caries, oral health disparities and other co-morbid chronic diseases associated with poor oral health.	N	-	310	370	370		4.1
CDC (93.426)	Innovative State and Local Public Health Strategies - Prevention of diabetes, heart disease and stroke and improved management of conditions	N	-	1,000	1,600	1,600		1.4
CDC (93.435)	Innovative State and Local Public Health Strategies - Prevention of diabetes, heart disease and stroke and improved management of conditions	N	-	2,000	2,000	2,000		4.8
CDC (93.436)	Well-Integrated Screening and Evaluation for Women Across the Nation (Wisewoman) - Evidence-based strategies to help reduce risk, complications and barriers to prevention and control of heart disease and stroke among eligible women, including provision of screening services. Also includes Implementation and evaluation of innovative strategies for prevention.	N	-	690	920	920	Match	
CDC (93.757)	State and Local Public Health Actions - Prevent and control diabetes, heart disease, obesity, and associated risk factors, and promote school health.	N	1,050	643	-	-		
CDC (93.757)	State and Local Public Health Actions - Supplement - Ensure continuation of critical activities and strategies focused specifically on cardiovascular health, diabetes management, and type 2 diabetes prevention.	N	1,185	622	-	-		1.3
CDC (93.758)	Preventive Health and Health Services (PHHS) Block Grant - Primary source of cross-cutting funding to address national Healthy People 2020 objectives. The PHHS block grant is used to prevent and control chronic diseases, respond quickly to disease outbreaks, build public health capacity and address emerging needs.	N	898	617	617	617	MOE	0.7
CDC (93.800)	Colorectal Cancer - Increase colorectal cancer screening through use of evidence-based interventions and other strategies in partnership with health systems. Provide screen and follow-up services for a limited number of eligible people.	N	1,581	1,600	1,600	1,600		
CDC (93.875)	Models of Collaboration - Public health program that utilizes the oral health infrastructure to impact chronic disease performance measures.	N	152	78	-	-		0.5

Federal Agency and CFDA #	Federal Award Name and Brief Purpose	New Grant	FY2018 Actuals	FY2019 Budget	FY2020 Base	FY2021 Base	Required State Match or MOE?	FTEs
CDC (93.898)	Cancer Prevention and Control - Improve access to timely breast and cervical cancer screening and diagnostic services for underserved women.	N	3,844	3,950	3,950	3,950	Match/MOE	2.2
CDC (93.898)	Cancer Prevention and Control - Prevent and minimize the impact of cancer through policies, systems and environmental change. Support the MN Cancer Reporting System.	N	1,210	1,290	1,290	1,290	Match/MOE	5.5
CDC (93.919)	Cancer Prevention and Control - Improve access to timely breast and cervical cancer screening and diagnostic services for underserved women.	N	159	11	-	-		0.7
CDC (93.945)	MN Public Health Approaches Addressing Arthritis - Implement state-based approaches to improve arthritis management and quality of life for adults with arthritis.	N	-	290	290	290		0.1
CDC (93.945)	State Public Health Actions - Prevent and control diabetes, heart disease, obesity, and associated risk factors, and promote school health.	N	296	-	-	-		
CDC (93.946)	Safe Motherhood and Infant Health Initiative - Sudden Unexpected Infant Death (SUID) and Sudden Death in the Young (SDIY) case registry.	N	-	130	130	130		0.1
CDC (93.946)	Sudden Death in the Young (SDIY) Registry - Identify and analyze all cases of sudden and unexplained deaths in children and youth in Minnesota to prevent further deaths.	N	38	33	-	-		3.1
CDC (93.946)	Sudden Unexplained Infant Deaths (SUID) - Identify and analyze all cases of SUID in Minnesota to prevent further deaths.	N	45	25	-	-		1.0
CDC (93.956)	MN Stroke Registry Program - Supports a hospital-based stroke registry that is used to improve care for stroke patients.	N	713	767	750	750		1.1
CDC (94.354)	Public Health Crisis Response - Supplemental funds to address opioid overdose.	N	-	1,230	246	-		
CMS (93.881)	The Health Insurance Enforcement and Consumer Protections grant program -	N	-	80	-	-		
HRSA (93.059)	Public Health Dentistry - Curriculum content specialist	N	9	22	22	-		0.8
HRSA (93.059)	Public Health Dentistry - Project communication and administration	N	14	11	-	-		
HRSA (93.059)	Public Health Dentistry - Project evaluator	N	-	23	23	-		

Federal Agency and CFDA #	Federal Award Name and Brief Purpose	New Grant	FY2018 Actuals	FY2019 Budget	FY2020 Base	FY2021 Base	Required State Match or MOE?	FTEs
HRSA (93.236)	Oral Health Work Force - Impact oral health disparities and increase access to quality oral health care by fostering innovation in existing systems, develop and pilot new programs that positively impact Minnesota's underserved populations.	N	333	450	90	-	Match	
SAMHSA (93.243)	Youth Suicide Prevention and Early Intervention - Build local capacity and strengthen the coordination, implementation and evaluation of statewide (including tribal communities) youth suicide prevention and early intervention strategies to decrease suicide by 10% in five years, 20% in 10 years towards zero deaths.	N	920	1,077	730	725		
SAMHSA (93.788)	State Targeted Response to the Opioid Crisis - Naloxone distribution	N	109	191	-	-		
SAMHSA (93.958)	Community Mental Health Services Block Grant - Improve state and community services for children and adults with substance abuse and mental health disorders.	N	51	-	-	-		3.9
USDOJ (16.320)	Services for Trafficking Victims - Improve outcomes for child and youth victims of sex and labor trafficking.	N	543	1,163	836	-	Match	2.6
	Activity Total: Health Promotion & Chronic Disease		**17,718**	**23,477**	**19,566**	**18,344**		**89.55**
CDC (93.069)	Public Health Emergency Preparedness (PHEP) - Supports state, local and tribal public health preparedness and response to emergencies that affect the public's health.	N	1,619	-	-	-		
CDC (93.069)	Public Health Emergency Preparedness (PHEP) - Zika supplement - Supports state, local and tribal public health preparedness and response to emergencies that affect the public's health, with specific focus on Zika.	N	82	-	-	-		
CDC (93.069)	Public Health Emergency Preparedness (PHEP) - Supports state, local and tribal public health preparedness and response to emergencies that affect the public's health.	N	6,709	7,644	7,644	7,644		26.4
CDC (93.079)	Promote Adolescent Health - School-based programs for HIV/STD Prevention	N	-	30	30	30		0.0
CDC (93.336)	Behavioral Risk Factor Surveillance (BRFSS) - Enhancement of the quality of health data collected through the BRFSS survey.	N	275	-	-	-		

Federal Agency and CFDA #	Federal Award Name and Brief Purpose	New Grant	FY2018 Actuals	FY2019 Budget	FY2020 Base	FY2021 Base	Required State Match or MOE?	FTEs
CDC (93.336)	Behavioral Risk Factor Surveillance (BRFSS) - Enhancement of the quality of health data collected through the BRFSS survey.	N	89	390	390	390		
CDC (93.758)	Preventive Health and Health Services (PHHS) Block Grant - Primary source of cross-cutting funding to address national Healthy People 2020 objectives. The PHHS block grant is used to prevent and control chronic diseases, respond quickly to disease outbreaks, build public health capacity and address emerging needs.	N	889	79	-	-	MOE	
CDC (93.758)	Preventive Health and Health Services (PHHS) Block Grant - Primary source of cross-cutting funding to address national Healthy People 2020 objectives. The PHHS block grant is used to prevent and control chronic diseases, respond quickly to disease outbreaks, build public health capacity and address emerging needs.	N	254	-	-	-	MOE	
CDC (93.758)	Preventive Health and Health Services (PHHS) Block Grant - Primary source of cross-cutting funding to address national Healthy People 2020 objectives. The PHHS block grant is used to prevent and control chronic diseases, respond quickly to disease outbreaks, build public health capacity and address emerging needs.	N	1,210	277	-	-	MOE	
CDC (93.758)	Preventive Health and Health Services (PHHS) Block Grant - Primary source of cross-cutting funding to address national Healthy People 2020 objectives. The PHHS block grant is used to prevent and control chronic diseases, respond quickly to disease outbreaks, build public health capacity and address emerging needs.	N	-	1,509	1,787	1,787	MOE	19.9
CDC (94.354)	Public Health Crisis Response - Supplemental funds to address opioid overdose.	N	-	47	9	-		0.1
DHHS (93.008)	National Association of County and City Health Officials -	N	6	7	-	-		
DHHS (93.296)	African American Infant Mortality - Improve data collection and analysis of race/ethnicity data, support activities to prevent infant mortality, and strengthen community connections to eliminate health disparities.	N	179	206	206	206		1.2

Federal Agency and CFDA #	Federal Award Name and Brief Purpose	New Grant	FY2018 Actuals	FY2019 Budget	FY2020 Base	FY2021 Base	Required State Match or MOE?	FTEs
DHHS (93.817)	Hospital Preparedness Program (HPP) - Ebola Preparedness and Reponses - Prepares the state's health care system to save lives during emergencies and disasters.	N	905	3,479	3,479	3,479		1.0
DHHS (93.817)	Hospital Preparedness Program (HPP) - Ebola Preparedness and Reponses - Prepares the state's health care system to save lives during emergencies and disasters.	N	520	250	250	250		0.1
DHHS (93.889)	Hospital Preparedness Program (HPP) - Prepares the state's health care system to save lives during emergencies and disasters.	N	227	-	-	-		
DHHS (93.889)	Hospital Preparedness Program (HPP) - Prepares the state's health care system to save lives during emergencies and disasters.	N	3,090	3,555	3,555	3,555		7.7
	Activity Total: Health Partnerships & Equity		**16,054**	**17,473**	**17,350**	**17,341**		**56.35**
CDC (3.439; 93.945)	State Physical Activity and Nutrition Program - Work with state and local partners that support communities to improve nutrition and increase physical activity.	N	651	923	923	923		0.5
CDC (93.184)	Disabilities Prevention - Develop, implement, and measure the effectiveness of interventions that promote the health and wellness of people with disabilities and prevent secondary conditions across the lifespan.	N	139	150	150	150		1.1
CDC (93.305)	National Tobacco Control - Funding continues programmatic Efforts to reduce morbidity and its related risk factors and to reduce premature death associated with tobacco use. It also continues surveillance efforts to measure the public health impact of these programs.	N	991	991	1,030	1,030		8.3
CDC (93.735)	Ensuring Quitline Capacity - Enhances stop smoking opportunities for Minnesotans through health systems change.	N	278	285	285	285		8.1
CDC (93.757)	State and Local Public Health Actions - Prevent and control diabetes, heart disease, obesity, and associated risk factors, and promote school health.	N	3,219	1,540	-	-		

Federal Agency and CFDA #	Federal Award Name and Brief Purpose	New Grant	FY2018 Actuals	FY2019 Budget	FY2020 Base	FY2021 Base	Required State Match or MOE?	FTEs
CDC (93.758)	Preventive Health and Health Services (PHHS) Block Grant - Primary source of cross-cutting funding to address national Healthy People 2020 objectives. The PHHS block grant is used to prevent and control chronic diseases, respond quickly to disease outbreaks, build public health capacity and address emerging needs.	N	838	908	845	845	MOE	4.8
	Activity Total: Statewide Health Improvement		**6,117**	**4,797**	**3,233**	**3,233**		**22.81**
CMS	Child Support Contract via MN DHS - Filing voluntary parentage acknowledgements and replacing the associated birth record.	N	172	151	123	123		1.0
CMS (93.624)	Minnesota State Innovation Model (SIM) - The Minnesota Accountable Health Model sought to expand patient-centered, team-based care through service delivery and payment models that support integration of medical care, behavioral health, long-term care and community prevention services.	N	3,337	-	-	-		
CMS (93.778)	Health Information Technology - Electronic public health data reporting and exchange. DHS pass-through funding.	N	302	398	100	-	Match	0.8
DHHS (93.511)	Development of a MN Data Center - Enhance analytic and research capacity for use of Minnesota Health Claims Data Center	N	1,439	644	-	-		
DHHS (93.511)	Health Insurance Rate Review - Enhance analytic and research capacity for use of Minnesota Health Claims Data Center	N	243	335	299	-		1.6
DHHS (93.889)	Hospital Preparedness Program (HPP) - Prepares the state's health care system to save lives during emergencies and disasters.	N	52	-	-	-		
DOE (84.372)	Statewide Longitudinal Education Data System (SLEDS) - Using data from cross-sectional programs to design and improve strategies to help students.	N	94	94	11	-		
HRSA (93.130)	Primary Care - Support primary care service delivery and workforce to serve medically-underserved populations through community-based providers; site development for participating in National Health Service Corps programs.	N	241	191	191	191		1.4

Federal Agency and CFDA #	Federal Award Name and Brief Purpose	New Grant	FY2018 Actuals	FY2019 Budget	FY2020 Base	FY2021 Base	Required State Match or MOE?	FTEs
HRSA (93.165)	National Health Service Corps (NCHS) Loan Repayment - To encourage more medical professionals to practice in underserved areas	N	100	100	100	100	Match	
HRSA (93.241)	Rural Hospital Flexibility Program - Supports critical access hospitals in quality improvement, patient safety, performance improvement, and provision of rural emergency medical services.	N	695	964	964	964		2.0
HRSA (93.301)	Small Rural Hospital Improvement - Strengthen Critical Access Hospitals and rural health systems; improve quality, safety and access.	N	754	875	875	875		0.1
HRSA (93.913)	State Office of Rural Health - Provides information and assistance to rural health care provider so that health services are available where needed, and to recruit and retain health professionals.	N	181	179	179	179	Match	1.5
HRSA (93.994)	Maternal and Child Health Block Grant - Supports public health services to low-income, high-risk mothers and children, including children with special health needs.	N	30	-	-	-		
	Activity Total: Health Policy		**7,639**	**3,931**	**2,842**	**2,432**		**8.32**
	Program Total: Health Improvement		**191,186**	**199,527**	**192,937**	**189,001**		**261.72**
ATSDR (93.240)	Agency for Toxic Substance and Disease Registry (ATSDR) Cooperative Agreement - Prevent or reduce exposures to hazardous sites and toxic substances through assessment, investigation and education.	N	535	470	470	470		4.6
CDC (93.069)	Public Health Emergency Preparedness (PHEP) - Supports state, local and tribal public health preparedness and response to emergencies that affect the public's health.	N	211	259	259	259		2.0
CDC (93.070)	Climate Resilience and Adaptation - Protect, maintain and improve public health through preparation and adaptation to climate change.	N	286	285	285	285		
CDC (93.070)	Environmental Health Specialist (EHS) Network - Identify and prevent environmental factors contributing to foodborne and waterborne illness outbreaks.	N	106	142	142	142		27.9
CDC (93.070)	Health Impact Assessment - Helps the state and communities integrate health considerations into transportation and community planning decisions.	N	54	-	-	-		1.0

Federal Agency and CFDA #	Federal Award Name and Brief Purpose	New Grant	FY2018 Actuals	FY2019 Budget	FY2020 Base	FY2021 Base	Required State Match or MOE?	FTEs
CDC (93.197)	Lead Poisoning Prevention - Supports state lead poisoning prevention efforts that develop policies, educate the public and track blood-lead levels.	N	375	749	599	599		1.6
CDC (93.262)	Occupational Health and Safety Surveillance - Determines rates, trends, and causes of work-related injury and illness.	N	10	10	10	10		
CDC (93.323)	Epidemiology and Laboratory Capacity (ELC) - Supports public health infectious disease infrastructure for surveillance, laboratory capacity and IT capacity.	N	7	-	-	-		0.6
EPA (66.032)	State Indoor Radon Program - Implement a statewide radon mitigation program to reduce the burden of lung cancer.	N	456	391	385	385	Match	0.9
EPA (66.419)	Water Pollution Control Program - Surface water monitoring activities in streams, wetlands and lakes.	N	80	53	52	52	Match	
EPA (66.432)	State Public Water System Supervision (PWSS) - Implement supervisions and enforcement activities of the public water system.	N	2,406	2,700	2,700	2,700	Match	2.5
EPA (66.468)	Drinking Water Revolving Fund - Management of set-aside activities.	N	4,500	3,700	3,700	3,700		2.9
EPA (66.469)	Great Lakes Consortium Fish - Work with eight states on evaluating fish consumption advisories and improve the delivery of information to the public.	N	395	378	378	378		0.1
EPA (66.608)	Drinking Water e-Portal - Compliance Monitoring Data Portal Implementation and Drinking Water e-Portal.	N	85	54	54	-		1.8
EPA (66.608)	Environmental Information Exchange Network (EN) - Web-based system to securely share environmental and public health information.	N	-	300	300	300		1.5
EPA (66.707)	Lead in Residences - Provides education and compliance assistance to the public and businesses that impact lead in residences.	N	395	353	353	353		20.6
FDA (93.103)	Food Inspection Standardization - Establish a centralized reporting protocol and strengthen uniformity among statewide inspection reports.	N	70	70	70	70		
	Activity Total: Environmental Health		**9,971**	**9,914**	**9,757**	**9,703**		**67.82**
ACF (93.576)	Refugee Health Promotion - Supports state operations and grants to CHBs to ensure refugees receive a medical screening and healthy start as they resettle.	N	142	125	125	125		0.9

Federal Agency and CFDA #	Federal Award Name and Brief Purpose	New Grant	FY2018 Actuals	FY2019 Budget	FY2020 Base	FY2021 Base	Required State Match or MOE?	FTEs
CDC (93.069)	Public Health Emergency Preparedness (PHEP) - Supports state, local and tribal public health preparedness and response to emergencies that affect the public's health.	N	722	677	677	677		4.9
CDC (93.070)	Environmental Health Specialist (EHS) Network - Identify and prevent environmental factors contributing to foodborne and waterborne illness outbreaks.	N	49	51	51	51		0.5
CDC (93.084)	Vector borne Center of Excellence - Funding from the University of Madison to establish a center of excellence for managing vector borne diseases	N	150	137	137	137		1.2
CDC (93.084)	Infectious Disease Prevention - Conduct annual immunization recall reminder notifications to MA-eligible not up to date children and adolescents.	N	-	13	13	13		0.1
CDC (93.116)	Tuberculosis Elimination - Supports TB prevention and control activities including state operations and grants to CHBs.	N	1,085	1,110	1,110	1,110		7.6
CDC (93.262)	Upper Midwest Agricultural Safety and Health - Conduct outreach and surveillance for zoonotic diseases in agricultural workers.	N	124	134	134	134		1.1
CDC (93.268)	Immunization Information System (IIS) Sentinel Site - Advance the use of IIS data and the current knowledge of the benefits and strengths of the IIS.	N	561	500	250	250		1.7
CDC (93.268)	Immunization Information Systems - Supports use of the Assessment, Feedback, Incentives, exchange (AFIX) process to improve immunization service delivery and raise vaccination coverage levels.	N	141	143	33	-		0.3
CDC (93.268)	Council of State and Territorial Epidemiologists - Collaboration with health care providers for reporting of Influenza-like illness and enhance surveillance.	N	29	-	-	-		
CDC (93.270)	Adult Viral Hepatitis Prevention and Control - Improving the state response to Hepatitis B and C	N	117	177	177	177		1.0
CDC (93.283)	Malaria - University of Minnesota - Reduce the number of malaria cases among U.S. travelers to west Africa	N	110	170	170	170		0.9
CDC (93.317)	Emerging Infections Program (EIP) Prevention and Public Health Fund - Minnesota is one of 10 states serving as a sentinel site for emerging infectious disease surveillance. Supports state operations for specialized studies of emerging infections.	N	1,801	2,154	2,154	2,154		18.6

Federal Agency and CFDA #	Federal Award Name and Brief Purpose	New Grant	FY2018 Actuals	FY2019 Budget	FY2020 Base	FY2021 Base	Required State Match or MOE?	FTEs
CDC (93.317)	Emerging Infections Program (EIP) - Minnesota is one of 10 states serving as a sentinel site for emerging infectious disease surveillance. Supports state operations for specialized studies of emerging infections.	N	1,524	2,096	2,087	2,087		16.2
CDC (93.323)	Epidemiology and Laboratory Capacity (ELC) - Supports public health infectious disease infrastructure for surveillance, laboratory capacity and IT capacity.	N	4,022	4,369	4,369	4,369		32.7
CDC (93.323)	Epidemiology and Laboratory Capacity (ELC) - Zika Supplemental - Supports public health infectious disease infrastructure for surveillance, laboratory capacity and IT capacity.	N	140	70	-	-		
CDC (93.521)	Emerging Infections Program (EIP) Prevention and Public Health Fund, Supplement	N	210	-	-	-		
CDC (93.521)	MN Statewide Immunization and Vaccine - Supports promotion of immunizations across the lifespan thru state operations, vaccine-preventable disease surveillance, immunization information systems, implementation of the federal Vaccines for Children program, and grants to Community Health Boards (CHBs).	N	1,834	5,358	5,358	5,358		15.2
CDC (93.521)	Epidemiology and Laboratory Capacity (ELC) - Supports public health infectious disease infrastructure for surveillance, laboratory capacity and IT capacity.	N	766	255	-	-		
CDC (93.539)	MN Immunization PPHF - Supports promotion of immunizations across the lifespan thru state operations, vaccine-preventable disease surveillance, immunization information systems, implementation of the federal Vaccines for Children program, and grants to Community Health Boards (CHBs).	N	2,884	3,104	3,104	3,104		14.2
CDC (93.733)	Vaccine Tracking System (VTrckS) PPHF - Order and manage publicly-funded vaccines more efficiently.	N	57	-	-	-		
CDC (93.733)	Immunization Information Systems - Supports use of the Assessment, Feedback, Incentives, exchange (AFIX) process to improve immunization service delivery and raise vaccination coverage levels.	N	146	-	-	-		

Federal Agency and CFDA #	Federal Award Name and Brief Purpose	New Grant	FY2018 Actuals	FY2019 Budget	FY2020 Base	FY2021 Base	Required State Match or MOE?	FTEs
CDC (93.755)	Surveillance for Diseases Among Immigrants and Refugees - Minnesota Center Of Excellence Network training and epidemiology In Refugee Health.	N	648	741	741	741		3.0
CDC (93.758)	Preventive Health and Health Services (PHHS) Block Grant - Primary source of cross-cutting funding to address national Healthy People 2020 objectives. The PHHS block grant is used to prevent and control chronic diseases, respond quickly to disease outbreaks, build public health capacity and address emerging needs.	N	424	435	429	429	MOE	3.3
CDC (93.815)	Epidemiology and Laboratory Capacity (ELC) - Supports public health infectious disease infrastructure for surveillance, laboratory capacity and IT capacity for Ebola disease outbreak planning.	N	1,485	1,456	-	-		
CDC (93.898)	Strengthen Public Health Immunization Infrastructure and Performance - Minnesota Immunization Registry (MIIC) Infrastructure Enhancement.	N	118	-	-	-		
CDC (93.940)	Comprehensive HIV Prevention - Supports AIDS/HIV prevention activities including state operations and grants to community-based organizations (CBOs). This grant also supports linking individuals living with HIV into care to reduce risk of transmission and susceptibility to other infections.	N	1,406	-	-	-		
CDC (93.940)	Integrated HIV Surveillance and Prevention Programs - Support an integrated HIV prevention and surveillance program to prevent new HIV infections and achieve viral suppression among persons living with HIV and supports healthy outcomes.	N	1,280	2,986	2,986	2,986		15.5
CDC (93.944)	HIV/AIDS Surveillance - Supports HIV surveillance activities.	N	211	-	-	-		
CDC (93.977)	Prevention of Sexually Transmitted Diseases - Enhances STD surveillance data to improve understanding of the population at risk for STDs.	N	320	300	300	300		2.4
CDC (93.977)	Strengthening STD Prevention and Control for Health Departments - Increase the capacity of MDH to prevent and control STD's through surveillance and outreach to focus on those populations bearing the greatest burden of disease.	N	1,167	1,243	1,243	1,243		8.1

Federal Agency and CFDA #	Federal Award Name and Brief Purpose	New Grant	FY2018 Actuals	FY2019 Budget	FY2020 Base	FY2021 Base	Required State Match or MOE?	FTEs
CDC (94.354)	Public Health Crisis Response - Supplemental funds to address opioid overdose.	N	-	112	22	-		0.2
CMS (93.778)	Immunization outreach to Medicaid eligible population - Grants to Local Public Health and community health boards to conduct annual immunization recall reminder notifications for not up to date children and adolescents	N	316	350	350	350		
EPA (66.472)	Beach Monitoring Lake Superior - Supports water testing for e. coli at beaches along the Lake Superior Coast.	N	215	202	202	202		1.2
FDA (93.876)	National Antimicrobial Resistance Monitoring System (NARMS) - Enhance and strengthen antibiotic resistance surveillance in retail food specimens	N	135	153	153	153		0.4
HRSA (93.917)	Ryan White HIV - Improve HIV prevention, care, treatment and support.	N	235	2,700	2,700	2,700		6.9
	Activity Total: Infectious Disease		**24,573**	**31,321**	**29,075**	**29,020**		**158.06**
CDC (93.069)	Public Health Emergency Preparedness (PHEP) - Supports state, local and tribal public health preparedness and response to emergencies that affect the public's health.	N	2,023	2,693	2,693	2,693		4.2
CDC (93.116)	Tuberculosis Elimination - Supports TB prevention and control activities including state operations and grants to CHBs.	N	115	119	119	119		1.0
CDC (93.136)	Injury Prevention and Control - Opioid laboratory surveillance	N	31	117	83	83		0.2
CDC (93.262)	Occupational Health and Safety Surveillance - Determines rates, trends, and causes of work-related injury and illness.	N	2	6	6	6		11.8
CDC (93.283)	Emerging Infections Program (EIP) Supplement	N	-	443	-	-		2.5
CDC (93.314)	Early Hearing Detection and Intervention (EHDI) - Supports a centralized newborn hearing screening tracking and surveillance system capable of accurately identifying, matching, collecting, and reporting data.	N	100	173	173	173		
CDC (93.317)	Emerging Infections Program (EIP) - Minnesota is one of 10 states serving as a sentinel site for emerging infectious disease surveillance. Supports state operations for specialized studies of emerging infections.	N	910	1,850	1,850	1,850		
CDC (93.317)	Emerging Infections Program (EIP) Prevention and Public Health Fund Component	N	668	334	334	334		19.3
CDC (93.323)	Epidemiology and Laboratory Capacity (ELC) - Zika Supplemental	N	110	100	-	-		

Federal Agency and CFDA #	Federal Award Name and Brief Purpose	New Grant	FY2018 Actuals	FY2019 Budget	FY2020 Base	FY2021 Base	Required State Match or MOE?	FTEs
CDC (93.521)	Emerging Infections Program (EIP) Prevention and Public Health Fund, Supplement	N	116	-	-	-		1.6
CDC (93.815; 93.521)	Epidemiology and Laboratory Capacity (ELC) - Supports public health infectious disease infrastructure for surveillance, laboratory capacity and IT capacity.	N	5,233	4,283	4,165	4,165		0.9
CDC (94.354)	Public Health Crisis Response - Supplemental funds to address opioid overdose.	N	-	670	133	-		
CMS (93.778)	Health Information Technology - Infectious Disease Component - Electronic public health data reporting and exchange. DHS pass-through funding.	N	662	1,680	640	-	Match	0.4
CMS (93.778)	Health Information Technology - Public Health Laboratory Component - Electronic public health data reporting and exchange. DHS pass-through funding.	N	99	564	290	-	Match	
DHS (97.091)	Homeland Security Biowatch Program - Provides early detection for early warning of a bioterrorism event.	N	47	27	-	-		
FDA (93.103)	Whole Genome Sequencing - Track foodborne pathogens to improve outbreak response and effective monitoring of preventative controls.	N	165	165	165	165		0.2
HRSA (93.110)	Maternal and Child Health and Newborn Screening - Improve timeliness of newborn screening programs.	N	19	45	-	-		12.3
NIH (93.310)	Children's Health Exposure Analysis Resource (CHEAR) - Understanding about how the environment impacts children's health	N	76	326	150	-		1.1
USDHS (97.091)	Biowatch - Maintains the Biowatch Program's early warning system through an ambient air monitoring network in the Minneapolis-St. Paul Metropolitan area.	N	910	914	914	914		0.8
	Activity Total: Public Health Laboratory		**11,285**	**14,509**	**11,715**	**10,502**		**56.08**
CMS (93.777)	Clinical Laboratory Improvement Amendments (CLIA) - Provides inspections of clinical laboratories to ensure they are meeting federal standards.	N	195	255	255	255		2.0
CMS (93.777)	Impact Hospice - Certify health care facilities and perform surveys and investigations of those facilities.	N	115	287	317	317	Match	1.6
CMS (93.777)	Medicare Title 18 - Certify health care facilities and perform surveys and investigations of those facilities.	N	9,112	9,343	9,343	9,343	Match	

Federal Agency and CFDA #	Federal Award Name and Brief Purpose	New Grant	FY2018 Actuals	FY2019 Budget	FY2020 Base	FY2021 Base	Required State Match or MOE?	FTEs
CMS (93.777)	Case Mix - Certify health care facilities and perform surveys and investigations of those facilities.	N	1,411	2,388	2,388	2,388	Match	13.8
	Activity Total: Health Regulation		**10,833**	**12,273**	**12,303**	**12,303**		**17.28**
	Program Total: Health Protection		**56,661**	**68,017**	**62,850**	**61,528**		**299.24**
CDC (93.069)	Public Health Emergency Preparedness (PHEP) - Supports state, local and tribal public health preparedness and response to emergencies that affect the public's health.	N	53	252	58	58		0.5
CDC (93.069)	Public Health Emergency Preparedness (PHEP) - Supports state, local and tribal public health preparedness and response to emergencies that affect the public's health.	N			-	-		
CDC (93.758)	Preventive Health and Health Services (PHHS) Block Grant - Primary source of cross-cutting funding to address national Healthy People 2020 objectives. The PHHS block grant is used to prevent and control chronic diseases, respond quickly to disease outbreaks, build public health capacity and address emerging needs.	N	407	396	396	396	MOE	
CDC (94.354)	Public Health Crisis Response - Supplemental funds to address opioid overdose.	N	-	36	7	-		0.1
CMS (93.778)	Health Information Technology - Electronic public health data reporting and exchange. DHS pass-through funding.	N	-	1,000	565	-	Match	0.8
	Activity Total: Health Operations		**460**	**1,684**	**1,026**	**454**		**1.35**
	Program Total: Health Operations		**460**	**1,684**	**1,026**	**454**		**1.35**
	Federal Fund – Agency Total		**248,307**	**269,228**	**256,813**	**250,983**		**562.31**

Narrative

The Department of Health relies on substantial federal investments in order to protect, maintain and improve the health of all Minnesotans. In FY 2018, federal funding accounted for $248 million—almost half—of all department expenditures. The largest source of federal funding was from the U.S. Department of Agriculture's Women, Infants and Children program at $118 million or 48%. Other large federal contributors included the Centers for Disease Control and Prevention ($68 million or 27%), the Health Resources and Services Administration ($23 million or 9%), Centers for Medicare and Medicaid Services ($16 million or 6%) and Environmental Protection Agency ($8.5 million or 3%). The department uses federal funding to plan for and respond to public health emergencies, supply and equip a modern laboratory, track the spread of deadly diseases and debilitating conditions, promote health, maintain a highly skilled workforce and support communities with expertise and grant funding. The forecast for federal funding in FY 2020-21 is based on projected awards, but actual amounts are subject to annual congressional appropriations and agency determination.

Acronyms:

- ACF – Administration for Children and Families
- ACL – Administration for Community Living
- ATSDR – Agency for Toxic Substances and Disease Registry
- CDC – Centers for Disease Control and Prevention
- CFDA – Catalogue of Federal Domestic Assistance
- CMS – Centers for Medicare and Medicaid Services
- DHHS – U.S. Department of Health and Human Services
- DOE – U.S. Department of Education
- EPA – Environmental Protection Agency
- FDA – Food and Drug Administration
- HRSA – Health Resources and Services Administration
- MOE – Maintenance of Effort
- NIH – National Institutes of Health
- SAMHSA - Substance Abuse and Mental Health Services Administration
- USDA – U.S. Department of Agriculture
- USDHS – U.S. Department of Homeland Security
- USDOJ – U.S. Department of Justice

(Dollars in Thousands)

Program Name Federal or State or Both (citation)	Purpose	Recipient Type(s) Eligibility Criteria	FY 2018	FY 2019
Community and Family Health:				
Abstinence Education Both (145.9261 and 145.9255)	Promote healthy youth development through education, community activities and parent support.	RFP – Competitive Nonprofit Organizations; Community Health Boards; Tribal Governments	694	626
Birth Defects Information System Both (144.2215)	Provide support and linkages to community resources for infants born with a birth defect and their families.	Non-Competitive – Formula Community Health Boards	279	323
Breastfeeding Peer Counseling Federal (144.0742)	Promote and support breastfeeding of WIC participants.	RFP –Competitive WIC grantees	1,010	850
Children and Youth with Special Health Needs Grant State (CYSHN) State (144.0742)	Improve care coordination for CYSHN	RFP- Competitive Clinics	160	160
Commodity Supplemental Food Program (CSFP) Federal (144.0742)	Provide nutrition information and supplemental foods to low-income individuals at least 60 years old.	RFP-Competitive Nonprofit Organizations	1,025	900
Evidence-based home visiting State (144.0742)	Supports evidence-based home visiting programs to at risk families.	RFP- Competitive Nonprofit Organizations; Community Health Boards, Tribal Governments	5,580	5,580
Families with Deaf and Hard of Hearing Children State (144.0742)	Parent to parent support for families with young children who are deaf or are hard of hearing.	RFP-Competitive Nonprofit Organizations	590	590
Family Home Visiting Program Federal (145A.17)	Promote family health and self-sufficiency.	Formula Community Health Boards; Tribal Governments	7,827	7,827
Family Planning Federal/State (145.925)	Provides pre-pregnancy family planning services to high-risk, low-income individuals.	RFP – Competitive Nonprofit Organizations; Community Health Boards; Tribal Governments	6,343	6,343
Fetal Alcohol Syndrome (FAS) State (145.9265)	Supports FAS prevention and intervention activities.	Single Sole Source Nonprofit Organization	2,000	2,000
Follow Along Program Federal (144.0742)	Supports anticipatory guidance and developmental screening for young children.	Formula Community Health Boards	157	157
Hearing Aid Loan Bank State (144.0742)	Support for a statewide hearing aid loaner program for young children newly diagnosed with a hearing loss.	Single Sole Source Nonprofit Organization	69	69

Program Name Federal or State or Both (citation)	Purpose	Recipient Type(s) Eligibility Criteria	FY 2018	FY 2019
Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Federal (144.0742)	Supports evidenced based home visiting to pregnant or parenting families of young children.	RFP-Competitive Community Health Boards; Tribal Governments	5,649	6,056
Minnesota Student Parent Support Initiative Federal (144.0742)	Supports pregnant and parenting young women and men to accomplish their educational goals.	RFP – Competitive Nonprofit Organizations; Community Health Boards; Tribal Governments	769	670
Nurse Family Partnership State (144.0742)	Supports Nurse Family Partnership home visiting programs serving first time mothers.	RFP – Competitive Community Health Boards; Tribal Governments	2,000	2,000
Personal Responsibility Education Program Federal (144.0472)	Promote personal responsibility and educate high risk adolescents regarding pregnancy and STI prevention utilizing evidence based curricula.	RFP – Competitive Nonprofit Organizations; Community Health Boards; Tribal Governments	496	468
Positive Alternatives State (145.4236)	Provide support and assistance to pregnant women and on the birth of their child.	RFP – Competitive Nonprofit Organizations	3,357	3,357
Preconception Grants State (144.2215)	Prevent birth defects through preconception education efforts.	RFP – Competitive Nonprofit Organizations; Community Health Boards; Tribal Nations; Clinics	240	240
Support Services for Deaf and Hard on Hearing State (144.966)	Provides deaf and/or hard of hearing adult mentor support to parents of children who are deaf or hard of hearing, including American Sign Language.	RFP – Competitive Nonprofit Organizations	156	156
Title V Maternal and Child Health Block Grant Federal (145.882)	Provides public health services to high risk, low income mothers and children, including children and youth with special health care needs.	Formula Community Health Boards	6,070	6,036
Women, Infants and Children (WIC) Federal (144.0742)	Provides nutritional education and healthy foods to low-income pregnant women and young children.	RFP – Competitive Community Health Boards; Tribal Governments; Nonprofit Organizations	23,399	22,500
WIC Infrastructure	Provide assistance to WIC grantees for special projects above the scope of normal EIC operations.	RFP – Competitive WIC Grantees	67	63
Vendor Integration Grants Federal 144.0742	Provide support to retail stores in updating their Point of Sale system for integrated eWIC transactions.	Application Process WIC Authorized Stores	70	1,300
Health Promotion and Chronic Disease:				
Sage Health Systems Change grants Both (MS 144.0742 & 144.05)	Increase access to breast and cervical cancer screening services for low income uninsured and underinsured women through recruitment, patient navigation and case management.	Non-Profit Organizations Sole Source	181	65

Program Name Federal or State or Both (citation)	Purpose	Recipient Type(s) Eligibility Criteria	FY 2018	FY 2019
Advance Care Planning, State Laws of Minnesota 2017, 1st Spec. Sess., chapter 6, article 18, section 3, Subd. 2(n)	Develop, implement and evaluate a statewide advance care planning initiative using public health approaches through coordination of community-based strategies to encourage individuals, families, caregivers and health care providers to begin and sustain conversations regarding advance care planning.	Non-Profit Organization RFP - Competitive	241	32241
Cancer Legal Line Federal (MS 144.0742 & 144.05)	Prevent or reduce the financial and legal burdens on cancer patients through screening, education, and navigation within accredited cancer centers.	Non-Profit Organization Sole Source	25	13
American Indian Cancer Foundation Both (MS 144.0742 & 144.05)	Build capacity for stronger, more effective colon cancer education, outreach, screening and navigation in tribal health systems and communities.	Non-Profit Organization Sole Source	74	33
Sage Scopes Clinic Quality and System Improvement Grant Both (MS 144.0742 & 144.05)	Support quality improvement and increase colorectal cancer screening rates within Federally Qualified Health Centers.	Non-Profit Organizations; Tribal sites Sole Source	140	45
Safe Harbor Grants, Both federal and state funding Program and Technical Assistance 145.4716 - 145.4718	Funds shall be used for grants to increase the number of regional navigators; to train professionals who engage with exploited or at-risk youth; implement statewide protocols and best practices for effectively identifying, interacting with, and referring sexually exploited youth to appropriate resources; and program operating costs.	RFP - Competitive Local public health and social service agencies, nonprofit organizations, tribal governments, units of government, schools and/or school districts, health care organizations	2,650	2,650
Sex Trafficking Report State 145.4715	Development of a comprehensive statewide strategic plan and report to address the needs of sex trafficking victims statewide.	This was awarded via competitive RFP to a triumvirate of applicants including higher education and community organizations.	67	0
Safe Harbor Program and Technical Assistance State 145.4716	The Safe Harbor Program also includes training and technical assistance to individuals and organizations that provide Safe Harbor services and receive funds.	These funds are awarded via competitive RFP. Local public health and social service agencies, nonprofit organizations, tribal governments, units of government, schools and/or school districts, health care organizations	744	744

Program Name Federal or State or Both (citation)	Purpose	Recipient Type(s) Eligibility Criteria	FY 2018	FY 2019
Opioid Abuse Prevent Grants - State 15.061	This one-time funding appropriation supports a technical contract to advise the MDH and state of MN in best practice opioid overdose prevention ($300,000). The appropriation also supports eight community opioid overdose prevention projects ($700,000).	RFP - Competitive Tribal governments, local units of government, health care providers, health plan companies and other entities	1,000	0
Brain Injury/Trauma Registry State 144.661 - Stat 144.665	Repository of all hospitalized cases of traumatic brain and spinal cord injury in Minnesota. Data supports determination of appropriate community-specific intervention strategies and to identify service needs and gaps.	This funding is distributed via sole source to the Minnesota Brain Injury Alliance.	949	986
Suicide Prevention Grants State 145.56	Community-based suicide prevention in Minnesota, which will serve the needs of Minnesotans at risk of suicide.	RFP - Competitive Local public health and social service agencies, nonprofit organizations, tribal governments, units of government, schools and/or school districts, health care organizations, faith communities, emergency response organizations	248	248
Early Dental Prevention Initiative - Federal 144.0742	Statewide initiative to increase awareness of the importance of early preventive dental intervention for infants and toddlers.	Sole source Local public health and social service agencies, nonprofit organizations, units of government, schools and/or school districts, health care organizations, and faith communities	128	128
Poison Center Grants State 145.93	The poison control system reduces emergency room and physician office treatment for minor poison cases and produces corresponding increases in home management of poisoning.	Funds are awarded via competitive RFP Non-Profit Organizations, For-Profit Organizations and Units of government are all eligible to compete provided they meet the criteria.	2,379	2,379
Rape Prevention & Education Federal (144.0742)	Supports statewide prevention and education programs that address sexual violence.	Funds are awarded based upon a mix of competitive RFP and sole source Local public health, social service agencies, nonprofit organizations, tribal governments, units of government, schools and/or school districts, health care organizations	182	293

Program Name Federal or State or Both (citation)	Purpose	Recipient Type(s) Eligibility Criteria	FY 2018	FY 2019
Prevention & Control Diabetes & Cardiovascular Health Federal; MN State Public Health Actions Federal (144.0742)	Prevent obesity, diabetes, heart disease, and stroke.	Sole source Local public health and social service agencies, nonprofit organizations, tribal governments, units of government, schools and/or school districts, health care organizations, and faith communities	337	1208
Oral Disease Prevention Federal and Oral Health Workforce Act; MN Actions to Improve Oral Health Federal (144.0742)	Supports the development of state-level infrastructure to improve oral health in the state. Reduce oral health disparities and increase access to quality oral health care by fostering innovation in existing systems, develop and pilot new programs that positively impact Minnesota's underserved populations.	Sole source Local public health, social service agencies, nonprofit organizations, tribal governments, units of government, schools and/or school districts, health care organizations	119	107
MN Comprehensive Asthma Control Federal (144.0742)	Supports statewide activities to train health professionals, educate individuals with asthma and their families, and explain asthma to the public.	Sole source Local public health and social service agencies, nonprofit organizations, tribal governments, units of government, schools and/or school districts, health care organizations	23	50
MN Stroke Program MS 144.492 MN Stroke Registry Program Federal (144.0742)	Supports a hospital-based stroke registry that is used to improve care for stroke patients.	RFP - Competitive Health care organizations	3	28
Improving the Health of People with Mobility Disabilities Federal (144.0742)	Develop, implement, and measure the effectiveness of interventions that promote the health and wellness of people with disabilities and prevent secondary conditions across the lifespan	Sole source Local public health and social service agencies, nonprofit organizations, tribal governments, units of government, schools and/or school districts, health care organizations	101	76
Core Injury & Violence Prevention Federal (144.0742)	Supports comprehensive injury prevention and control activities, with a focus on traumatic brain injury.	Funds are awarded based upon a mix of competitive RFP and sole source grants; also an interagency agreement with MnDOT to support the Towards Zero Death Initiative.	0	23
Minnesota Safe Harbor Expansion Federal (144.0742)	This Office for Victims of Crime's (OVC) grant, Improving Outcomes for Child and Youth Victims of Human Trafficking, is focused on direct services to promote safety and security of victims.	RFP - Competitive Local public health, social service agencies, nonprofit organizations, tribal governments, units of government, schools and/or school districts, health care organizations	298	797

Program Name Federal or State or Both (citation)	Purpose	Recipient Type(s) Eligibility Criteria	FY 2018	FY 2019
Youth Suicide Prevention in MN Federal (144.0742)	Build local capacity and strengthen the coordination, implementation and evaluation of statewide (including tribal communities) youth suicide prevention and early intervention strategies to decrease suicide by 10% in five years, 20% in 10 years towards zero deaths	Funds are awarded via sole source. Local public health, social service agencies, nonprofit organizations, tribal governments, units of government, schools and/or school districts, health care organizations	269	405
MN Enhanced Opioid Surveillance Federal 144.0742	Improve state tracking and reporting on opioid-involved morbidity and mortality and its associated risk factors.	Funds are awarded based upon sole source (Minnesota Hospital Association)		151
Minnesota Addressing Arthritis Federal (144.0742)	Implement state-based approaches to improve arthritis management and quality of life for adults with arthritis.	Sole Source Local public health and social service agencies, nonprofit organizations, units of government, schools and/or school districts, health care organizations		61
Public Health Opioid Crisis Response Federal (144.0742)	Advance the understanding of the opioid epidemic and scale up prevention activities.	Funds are awarded based upon sole source capacity to provide the requirements of the federal funding.		587
DHS EMS Naloxone Federal (144.0742)	This one-time grant funding flows through DHS to the MDH for EMS regional programs and is for the express purpose of purchasing and distributing Naloxone, training first responders, and purchasing supplies needed for training and dispensing of Naloxone.	These grant dollars are only awarded to the EMS Regions in Minnesota - Sole Source Emergency response organizations	103	177
MN Drug OD & Substance Abuse Pilot Federal (144.0742)	This award allows for the testing of an emergency department-based drug overdose surveillance system	Funds are awarded via sole source to participating hospitals and the Minnesota Hospital Association	57	0
Surge Funding Components 1-4; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), and the NCIPC. Federal (144.0742)	These one-time funds will support staff in the collection and analysis and evaluation. Staff will increase the number of pharmacies participating in the MDH naloxone protocol, continue to provide training to / for pharmacists and pharmacy staff, and improve how we collect data on naloxone administration. A contract with the Minnesota Hospital Association will support work across many hospitals to test strategies for improving timeliness of reporting of overdose data to the MDH.	Sole source Minnesota Hospital Association Board of Pharmacy		2,790
MN Occupational Health and Safety Surveillance Federal (144.0742)	Occupational surveillance and related prevention activities.	No grants are awarded with these funds.	134	130

Program Name Federal or State or Both (citation)	Purpose	Recipient Type(s) Eligibility Criteria	FY 2018	FY 2019
Prescription Drug Overdose – data driven prevention initiative Federal (144.0742)	These funds support the translation of data into information that can be used at the state and local levels to guide program, policy and practice.	No current Grants are supported with these funds	0	258
Health Partnerships & Equity:				
Local Public Health Grant (145A.131)	For CHBs to address the areas of public health responsibility and local priorities developed through the community health assessment and community health improvement planning process.	Community Health Boards	21,665	21,665
Eliminating Health Disparities Initiative State (145.928)	Improves the health of the four minority racial/ethnic groups in MN (American Indians, Asian Americans, African Americans, and Latinos/Hispanics). Grants focus on 7 health priorities.	RFP - Competitive Community Health Boards; Local Government; Nonprofits	3,142	3,142
Local Public Health to Tribal Governments State (145A.14 Subd. 2a)	Develops and maintains an integrated system of American Indian tribal health services under tribal administration and within a system of state guidelines and standards.	Formula Tribal Governments	1,166	1,166
Racial Disparities Federal TANF (145.928)	Support closing the gap in the health status of populations of color and American Indians.	RFP - Competitive Community Health Boards; Local Government; NGOs	2,000	2,000
Public Health Emergency Preparedness (PHEP) Federal (MS 144.0742)	Increasing and maintaining operational readiness to respond to a public health disaster or emergency.	Formula – Community Health Boards, Tribal Health Departments	4,742	4,659
Hospital Preparedness Program (HPP) Federal (MS 144.0742)	Improve surge capacity and enhance health care coalition and hospital preparedness within Minnesota.	Formula Non-profit hospitals and EMS Associations	2,646	2,646
Hospital Preparedness Program Ebola Preparedness and Response Activities Grant Federal (MS 144.0742)	Improved capacity to safely and successfully identify, isolate, assess, transport, and treat patients with Ebola or patients under investigation for Ebola	Formula Non-profit hospitals and EMS Associations	950	950
Hospital Preparedness Program Ebola Preparedness and Response Activities Grant Regional Treatment Facility Federal (MS 144.0742)	Development of a regional Ebola and other special pathogen treatment center with significantly enhanced Ebola and other infections disease capabilities.	Sole source Non-profit hospital	570	570

Program Name Federal or State or Both (citation)	Purpose	Recipient Type(s) Eligibility Criteria	FY 2018	FY 2019
Public Health Crisis Response Grant (CDC Opioids) Federal (MS 144.0742)	Advance the understanding of the opioid epidemic and scale up prevention activities.	Sole source Non-profits, MN State Agencies	0	697
Statewide Health Improvement:				
Statewide Health Improvement Program (State) 145.986	Increase healthy behaviors and prevent the leading causes of illness and death. Tobacco & obesity. Improve the health of Minnesotans by reducing the burden of chronic disease through evidence based policy, systems, and environmental change strategies.	Community Health Boards and Tribes. Competitive.	14,634	14,634
Tobacco Use Prevention (State) 144.396	Grant program to reduce youth tobacco use and secondhand smoke exposure by creating tobacco-free environments.	Tribes, Community Health Boards (CHB), Nonprofit Organizations, health care organizations and local units of government. Competitive	3,221	3,221
State Physical Activity and Nutrition Program (Federal) 144.0742	CDC's State Physical Activity and Nutrition Program (SPAN) funds state recipients to implement evidence-based strategies at state and local levels to improve nutrition and physical activity.	Tribes, Community Health Boards (CHB), Nonprofit Organizations, health care organizations and local units of government. Application process.	0	923
Health Policy:				
Health Information Exchange State (62J.495)	Support provider and hospital organizations in more easily sharing data for two priority types of information exchange – care summary exchange and alerting notifications for admission, discharge, and transfer to/from hospitals.	Health care organizations, including but not limited to hospitals, clinics, local health departments. Competitive RFP Connectivity through a State-Certified Health Information Organization	0	500
Health Care Homes State (MS 144.0742)	Promote community partnerships between primary care and local public health to improve community health.	Primary care providers partnered with local public health.	50	
Health Care Homes State (MS 144.0742)	Promote health information exchange between primary care, local public health and behavioral health.	Primary care partnered with local public health and behavioral health.		83
Clinical Dental Education Innovations Grants State (621.692)	To promote innovative clinical training for dental professionals and programs that increase access to dental care for underserved populations.	RFP - Competitive Clinics; Institutions of Higher Education	1,122	1,122
Community Clinic Grants State (145.9268)	Assist clinics to serve low- income populations, reduce uncompensated care burdens or improve care delivery infrastructure.	RFP - Competitive Clinics	561	561

Program Name Federal or State or Both (citation)	Purpose	Recipient Type(s) Eligibility Criteria	FY 2018	FY 2019
Dental Safety Net Grants - State (145.929)	Support for dental clinics that serve uninsured children	RFP - Competitive Clinics	113	113
Family Medicine Residency State (144.1912)	Assist rural family medicine residency programs	Formula Clinics; Hospitals	1,000	1,000
Federally Qualified Health Centers (FQHC) subsidy State (145.9269)	Support Minnesota FQHCs to continue, expand and improve services to populations with low incomes.	Formula Clinics	3,639	3,639
Home and Community Based Services (HCBS) Scholarship grant State (144.1503)	Funding to support HCBS employee scholarship programs	RFP - Competitive HCBS providers	950	950
Hospital Safety Net Grants State (145.929)	Support for hospitals that serve high-cost Emergency Medical Assistance (EMA) patients	RFP - Competitive Hospitals	1,315	1,315
Indian Health State (145A.14)	Provides health service assistance to Native Americans who reside off reservations -- RFP offered every two years.	RFP – Competitive Clinics	348	
Loan Forgiveness Program State (144.1501)	Health education loan forgiveness for providers serving underserved areas or populations.	RFP - Competitive Individuals	3,240	3,240
Medical Education Research Costs (MERC) Federal; State (621.692)	The MERC trust fund was established to address the increasing financial difficulties of Minnesota's medical education organizations.	Formula Higher Education Inst.; Clinics; Hospitals	59,127	59,127
Mental Health Safety Net Grants State (145.929)	Support for mental health centers and clinics that serve uninsured children	RFP - Competitive Clinics	394	394
Primary Care Residency Expansion Grant Program State (144.1506)	Trains medical residents in the specialties of family medicine, general internal medicine, general pediatrics, psychiatry, geriatrics or general surgery.	RFP - Competitive Clinics; Hospitals	1,500	1,500
Regional Trauma Advisory Councils Federal (144.0742)	Support activities of the regional trauma advisory council.	Single/Sole Source Nonprofits; Hospitals	30	30
Rural Hospital Capital Improvement State (144.148)	Update, remodel, or replace aging hospital facilities and equipment necessary to maintain the operations of small rural hospitals.	RFP - Competitive Hospitals	1,755	1,755
Rural Hospital Plan and Transition Grant State (144.147)	Assist with strategic planning; transition projects.	RFP - Competitive Hospitals	300	300

Program Name Federal or State or Both (citation)	Purpose	Recipient Type(s) Eligibility Criteria	FY 2018	FY 2019
Small Hospital Improvement Federal (144.0742)	Supports small hospital Health Insurance Portability and Accountability Act (HIPAA) compliance, patient safety, quality improvement, and Prospective Payment System (PPS) costs.	Formula Hospitals	726	726
State Loan Repayment Program (SLRP) Federal; State (144.0742)	Health education loan forgiveness for physicians in rural and urban underserved areas.	RFP - Competitive Individuals	100	100
Summer Health Care Internship State (144.1464)	Funding for student internships in health care settings	RFP - Non Competitive Clinics; Hospitals, Nursing Homes	300	300
Health Professions Clinical Training Expansion Grant State (144.1505)	Funds expansion of clinical training opportunities for Nurse Practitioner, Physician Assistant, Pharmacy, Dental Therapy students	RFP – Competitive Health Professions training programs	500	500
International Medical Graduates Residency grant State (144.1911)	Funds residency preparation and program placement for International Medical Graduates	RFP – Competitive	500	500
Healthy Homes State 144.0742	Promote Healthy Homes and addressing housing-based health threats.	Nonprofit Organizations; Community Health Boards RFP –Non Competitive	240	240
Lead Abatement State 144.0742	To train workers to provide lead screening, education, outreach and swab team services for residential properties across the state.	Nonprofit Organizations; Community Health Boards; RFP Competitive	479	479
Environmental Health:				
Fish Consumption Program Federal 144.0742	To increase the reach of messages about safe fish consumption among women of childbearing age and their children through further dissemination of materials currently being distributed to women receiving medical care from HealthPartners.	Non-Government Sole Source	242	76
Clean Water Fund-State 144.0742	To enhance the public's' understanding and knowledge of contaminants of emerging concern in water that may be used for drinking.	Nonprofit Organizations; Community Health Boards; Tribal Governments RFP -Competitive	38	10
Lead Federal 144.0742	To increase the number of small contractors that can competitively bid on lead hazard control primary prevention projects completed by neighborhood housing agencies	Community Health Board Master Contract Sole Source	60	0

Program Name Federal or State or Both (citation)	Purpose	Recipient Type(s) Eligibility Criteria	FY 2018	FY 2019
Well Sealing-State 144.0742	Funding to public water suppliers to seal their unused Wells.	Cities, Counties and Towns Sole Source	181	0
Private Well Protection-State 144.0742	Analyze water samples for coliform bacteria, nitrate and arsenic.	Counties Sole Source	0	6
Safe Drinking Water -Act-WM State 144.381 to 144.387	Data entry for Well Construction Records	Recipient: Nonprofits, Governments, Higher Education. Eligibility: Competitive, Single Source	26	0
Safe Drinking Water Act-State 144.381 to 144.387	On-site technical assistance for small public water supply operators.	Recipient: Nonprofits, Governments, Higher Education. Eligibility: Competitive, Single Source	3	0
Safe Drinking Water Act-State 144.381 to 144.387	To insure safe drinking water in all public water supplies.	Recipient: Nonprofits, Governments, Higher Education. Eligibility: Competitive, Single Source	5	11
Clean Water Fund -State 144.072, 114D.50	To protect drinking water sources.	Recipient: Local Governments, Public Water Supply Systems. Eligibility: Competitive	122	56
Drinking Water Revolving Fund-Federal	The Drinking Water Revolving Fund helps communities build drinking water storage, treatment and distribution systems that comply with standards in the Safe Drinking Water Act.	Recipient: Nonprofit Eligibility: Single Source	394	308
Infectious Disease:				
HIV Prevention – Both 144.074	Develop, plan, implement, monitor, and evaluate a Human Immunodeficiency Virus (HIV) program	Community Health Board, tribal governments, higher education, non-profit Competitive	1,811	1,811
EIS Program - Federal 144.0742 and 144.05	Providing HIV outreach and early intervention services to targeted populations across the state	Community Health Board, non-profit, tribal governments Non-competitive	1,506	1,506
PrEP Program – Federal 144.0742	Develop, plan, implement, monitor, and evaluate a Pre-Exposure Prophylaxis	Community Health Board, non-profit Competitive	400	400
Prevention with Positives – Federal – 144.0742	Develop and provide a peer support program for people living with HIV/AIDS	Community Health Board, non-profit Competitive	222	222
FIMR – Fetal and Infant Mortality Review – – Federal 144.0742 and 144.05	Implement the CDC's Fetal and Infant Mortality Review/Human Immunodeficiency Virus program	Hospital – Sole source	25	25
EGISP – Federal – 144.0742	Expand capacity to conduct N.gonorrhoeae surveillance	Community Health Board – Non competitive	25	0

Program Name Federal or State or Both (citation)	Purpose	Recipient Type(s) Eligibility Criteria	FY 2018	FY 2019
GISP – Federal – 144.0742	Conduct N.gonorrhoeae surveillance	Community Health Board – Sole source	2	2
Partner Services – Federal	Ensure individuals exposed to STD's and HIV are properly treated to prevent spread of the disease	Community Health Board, other non-profit – Sole Source	212	212
SSuN – Federal - 144.074	Get more complete picture of total burden of STD's	Community Health Board – Sole source	30	30
Syphilis – Federal - 144.074	Receive community input to address STD's in sexually exploited individuals	Community Health Board – Sole source	149	159
Perinatal HIV Education – Federal 144.074 and 144.05	Provide HIV education and outreach to obstetric and gynecologic specialists and infectious disease providers	Hospital – sole source	50	50
TB Outreach – 144.074 and 144.05 - Both	To help TB patients overcome barriers to receiving treatment	Community Health Board – Non competitive	146	146
TB Medication – Both144.075 and 144.05	Dispense and distribute approved TB medication to patients	Community Health Board – Non competitive	270	270
MIIC Registry – Federal 144.0742 and 144.05	Conduct reminder/recall activities in various regions to ensure age appropriate immunizations are administered	Community Health Board, non-profit Competitive	769	769
Perinatal HepB – Federal 144.0742 and 144.05	Provide consultation to HVB positive mothers to ensure they receive treatment	Community Health Board – Non competitive	310	194
Tri-County Project – Federal 144.0742 and 144.05	Conduct immunization site visits to all sites	Community Health Board – Non competitive	20	20
Foodborne Illness – Federal 144.0742	Strengthen foodborne illness surveillance and outbreak investigations	Higher education – Non-Competitive	147	65
Immunization - Federal 144.0742	Vaccine outreach	Non-profit – Non-competitive	21	29
Minnesota Vaccines for Children Program (MnVFC) Federal 144.0742 and 144.05	Provide vaccines to un-insured MN children, conduct site visits to all sites every two years	Community Health Board – Non competitive	50	50
Infection Control – Federal – 144.0742 and 144.05	Association of Prevention Infection and Control – provide education and training to partners about infection control	Non-profit – non-competitive	20	10
TB –State 144.0745 and 144.05	Provide refugees support with accessing care and receiving TB treatment	Community Health Board – Non competitive	150	150
MN FGC – State 144.0742	Provide education and outreach to communities that practice female genital cutting (FGC)	Non-profit - competitive	20	100
Public Health Laboratory:				

Program Name Federal or State or Both (citation)	Purpose	Recipient Type(s) Eligibility Criteria	FY 2018	FY 2019
Emerging Infections Program / Congenital Cytomegalovirus Clinical Sensitivity Study Federal 144.0745	Consented study evaluating congenital cytomegalovirus clinical testing for possible population based screening	Non – Competitive Higher Education	262	262