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<https://www.health.state.mn.us/>

AT A GLANCE

The Minnesota Department of Health uses the best scientific data and methods available to prevent illness and injury, propose strategies to improve the availability and quality of health care, and help ensure the conditions in which all people can be healthy.

Manage annual budgetary resources over \$650 million.

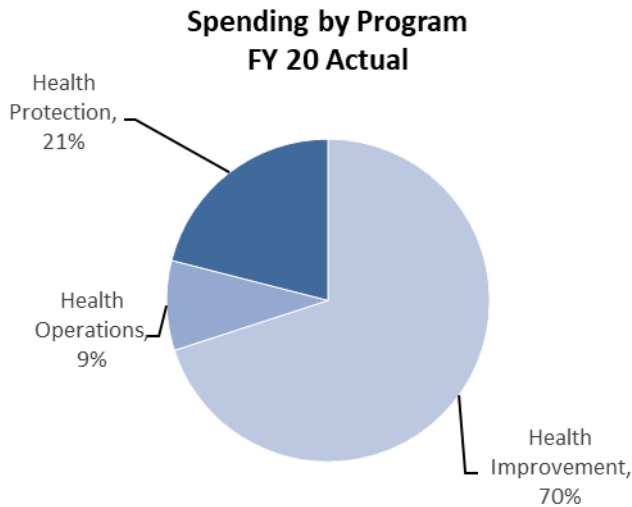
- Secure federal funding to support critical public health activities in the state—more than \$250 million annually by 2019
- Provide guidance and oversight for over nearly \$350 million per year in outgoing grants to approximately 500 unique grantees across the state.
- Maintain a highly skilled workforce of 1,532 staff that includes doctors, nurses, health educators, biologists, chemists, epidemiologists, and engineers.
- Meet rigorous standards set by the Public Health Accreditation Board.

PURPOSE

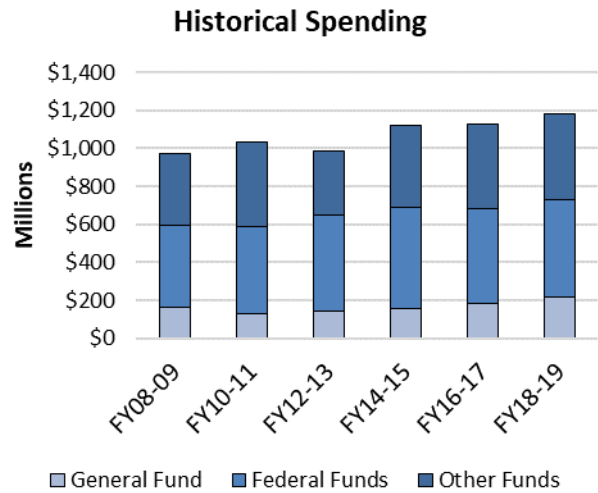
The Minnesota Department of Health (MDH) mission is to protect, maintain, and improve the health of all Minnesotans. MDH is the state's lead public health agency, responsible for operating programs that prevent infectious and chronic diseases, while promoting and ensuring clean water and air, safe food, 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 local public health departments, tribal governments, the federal government, and many health-related organizations. In meeting its responsibilities, the department also recognizes the strong connection between overall population health and a wide range of government policies from economic development to education to transportation.

BUDGET



Source: Budget Planning & Analysis System (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, significant disparities in health outcomes persist 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. That 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.
- 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 primarily governed by the following statutes:

M.S. 144 (<https://www.revisor.mn.gov/statutes/?id=144>)

M.S. 145 (<https://www.revisor.mn.gov/statutes/?id=145>)

M.S. 145A (<https://www.revisor.mn.gov/statutes/?id=145A>)

M.S. 62J (<https://www.revisor.mn.gov/statutes/?id=62j>)

Each budget activity narrative lists additional relevant statutes.

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base		Governor's Recommendation	
					FY22	FY23	FY22	FY23
<u>Expenditures by Fund</u>								
1000 - General	99,274	106,654	122,667	147,518	132,575	132,114	132,251	132,228
1100 - Medical Education & Research	79,006	79,085	79,306	79,028	78,991	78,991	78,991	78,991
1200 - State Government Special Rev	53,552	54,164	57,266	62,393	69,394	69,602	68,451	68,835
1250 - Health Care Response			40,253	100,205				
1251 - COVID-19 Minnesota			145,739	12,837				
2000 - Restrict Misc Special Revenue	5,309	4,280	3,826	6,237	4,411	4,281	4,411	4,281
2001 - Other Misc Special Revenue	43,595	50,243	110,718	57,389	47,639	48,623	47,639	48,623
2050 - Environment & Natural Resources		602	342	56				
2302 - Clean Water	4,653	5,232	5,665	9,210			5,955	5,955
2360 - Health Care Access	35,707	37,246	35,180	42,834	37,512	36,832	37,512	36,832
2403 - Gift	42	29	6	1,121	15	15	15	15
2800 - Environmental	645	905	636	1,364	932	932	932	932
2801 - Remediation	240	286	232	282	257	257	257	257
3000 - Federal	248,307	238,858	228,661	668,961	382,806	248,155	382,806	248,155
3001 - Federal TANF	11,282	12,510	10,503	11,713	11,713	11,713	11,713	11,713
3010 - Coronavirus Relief			24,112	231,429				
8201 - Drinking Water Revolving	477	678	622	672	672	672	672	672
Total	582,088	590,771	865,735	1,433,249	766,917	632,187	771,605	637,489
Biennial Change				1,126,124		(899,880)		(889,890)
Biennial % Change				96		(39)		(39)
Governor's Change from Base								9,990
Governor's % Change from Base								1

Expenditures by Program

Health Improvement	405,814	396,593	615,476	799,969	560,391	427,518	559,884	427,228
Health Protection	135,907	151,036	169,970	578,974	154,794	151,691	159,971	157,256
Health Operations	40,368	43,141	80,289	54,306	51,732	52,978	51,750	53,005
Total	582,088	590,771	865,735	1,433,249	766,917	632,187	771,605	637,489

Expenditures by Category

Compensation	142,277	148,038	157,405	211,639	164,771	163,734	169,052	168,527
Operating Expenses	106,224	115,789	282,115	716,668	255,091	122,188	255,384	122,583

Health

Agency Expenditure Overview

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY18	FY19	FY20	FY21	FY22	FY23	FY22	FY23
Grants, Aids and Subsidies	332,843	324,319	424,142	503,369	346,251	345,461	346,365	345,575
Capital Outlay-Real Property	728	2,551	2,021	1,556	787	787	787	787
Other Financial Transaction	16	74	52	17	17	17	17	17
Total	582,088	590,771	865,735	1,433,249	766,917	632,187	771,605	637,489

Total Agency Expenditures	582,088	590,771	865,735	1,433,249	766,917	632,187	771,605	637,489
Internal Billing Expenditures	33,746	35,980	34,745	41,738	35,561	34,815	35,188	34,650
Expenditures Less Internal Billing	548,343	554,791	830,990	1,391,511	731,356	597,372	736,417	602,839

<u>Full-Time Equivalents</u>	1,484.81	1,501.88	1,532.18	1,944.42	1,554.88	1,545.11	1,593.88	1,584.94
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(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base FY22 FY23		Governor's Recommendation FY22 FY23	
1000 - General								
Balance Forward In	7	4,894	77	12,577				
Direct Appropriation	111,723	105,327	156,214	135,037	132,671	132,210	132,347	132,324
Transfers In	1,490	4,747	4,242	4,733	48	48	48	48
Transfers Out	9,142	7,367	25,238	4,829	144	144	144	144
Cancellations	65	946	51					
Balance Forward Out	4,740	2	12,576					
Expenditures	99,274	106,654	122,667	147,518	132,575	132,114	132,251	132,228
Biennial Change in Expenditures				64,257		(5,496)		(5,706)
Biennial % Change in Expenditures				31		(2)		(2)
Governor's Change from Base								(210)
Governor's % Change from Base								(0)
Full-Time Equivalents	133.26	157.06	164.41	243.08	210.42	210.42	213.07	212.90

1100 - Medical Education & Research

Balance Forward In	651	636	529	213				
Receipts	78,991	78,991	78,991	78,991	78,991	78,991	78,991	78,991
Transfers In	157	150	150	150	150	150	150	150
Transfers Out	157	162	150	150	150	150	150	150
Cancellations				176				
Balance Forward Out	635	528	213					
Expenditures	79,006	79,085	79,306	79,028	78,991	78,991	78,991	78,991
Biennial Change in Expenditures				243		(352)		(352)
Biennial % Change in Expenditures				0		(0)		(0)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	1.35	1.63	2.03	1.45	1.16	1.16	1.16	1.16

1200 - State Government Special Rev

Balance Forward In	28	1,117		2,209				
Direct Appropriation	53,607	54,185	60,330	60,261	69,471	69,679	68,451	68,835
Open Appropriation	249							
Transfers In	592	118	1,449	1,449				
Transfers Out	669	295	2,303	1,526	77	77	0	0

Health

Agency Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY18	FY19	FY20	FY21	FY22	FY23	FY22	FY23
Cancellations		961						
Balance Forward Out	255		2,210					
Expenditures	53,552	54,164	57,266	62,393	69,394	69,602	68,451	68,835
Biennial Change in Expenditures				11,943		19,337		17,627
Biennial % Change in Expenditures				11		16		15
Governor's Change from Base								(1,710)
Governor's % Change from Base								(1)
Full-Time Equivalents	303.87	302.06	310.84	329.76	376.93	376.93	385.53	386.53

1250 - Health Care Response

Balance Forward In				92,273				
Direct Appropriation			132,526	7,932	0	0	0	0
Balance Forward Out			92,273					
Expenditures			40,253	100,205				
Biennial Change in Expenditures				140,458		(140,458)		(140,458)
Biennial % Change in Expenditures						(100)		(100)
Governor's Change from Base								0
Governor's % Change from Base								
Full-Time Equivalents				3.20				

1251 - COVID-19 Minnesota

Balance Forward In				11,449				
Direct Appropriation			157,189	1,388	0	0	0	0
Balance Forward Out			11,449					
Expenditures			145,739	12,837				
Biennial Change in Expenditures				158,576		(158,576)		(158,576)
Biennial % Change in Expenditures						(100)		(100)
Governor's Change from Base								0
Governor's % Change from Base								
Full-Time Equivalents				6.67				

2000 - Restrict Misc Special Revenue

Balance Forward In	7,258	6,109	5,956	6,516	4,745	4,630	4,745	4,630
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Health

Agency Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY18	FY19	FY20	FY21	FY22	FY23	FY22	FY23
Receipts	2,547	2,812	2,320	3,155	2,985	2,866	2,985	2,866
Transfers In	1,440	997	1,798	1,061	1,061	1,061	1,061	1,061
Transfers Out		65						
Net Loan Activity	(44)	239	271	250	250	250	250	250
Balance Forward Out	5,891	5,813	6,519	4,745	4,630	4,526	4,630	4,526
Expenditures	5,309	4,280	3,826	6,237	4,411	4,281	4,411	4,281
Biennial Change in Expenditures				474		(1,371)		(1,371)
Biennial % Change in Expenditures				5		(14)		(14)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	15.13	14.79	11.27	16.85	13.82	13.73	13.82	13.73

2001 - Other Misc Special Revenue

Balance Forward In	7,780	14,118	14,837	12,631	1,833	1,217	1,833	1,217
Receipts	41,125	49,711	37,651	46,632	47,023	48,307	47,023	48,307
Internal Billing Receipts	29,463	30,141	30,058	38,151	38,571	39,817	38,571	39,817
Transfers In	10,104	852	97,240					
Transfers Out	5,104	852	26,379					
Cancellations				41				
Balance Forward Out	10,309	13,586	12,631	1,833	1,217	901	1,217	901
Expenditures	43,595	50,243	110,718	57,389	47,639	48,623	47,639	48,623
Biennial Change in Expenditures				74,268		(71,845)		(71,845)
Biennial % Change in Expenditures				79		(43)		(43)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	351.83	347.49	339.78	393.71	336.25	336.25	336.25	336.25

2050 - Environment & Natural Resources

Balance Forward In			398	56				
Direct Appropriation		1,000						
Balance Forward Out		398	56					
Expenditures		602	342	56				
Biennial Change in Expenditures				(204)		(398)		(398)

Health

Agency Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY18	FY19	FY20	FY21	FY22	FY23	FY22	FY23
Biennial % Change in Expenditures						(100)		(100)
Governor's Change from Base								0
Governor's % Change from Base								
Full-Time Equivalents			0.71					

2302 - Clean Water

Balance Forward In	1,110	1,575	1,879	2,713				
Direct Appropriation	4,787	5,107	6,497	6,497	0	0	5,955	5,955
Transfers In	150	150		800				
Transfers Out	150	150		800				
Cancellations		0						
Balance Forward Out	1,244	1,449	2,712					
Expenditures	4,653	5,232	5,665	9,210			5,955	5,955
Biennial Change in Expenditures				4,990		(14,875)		(2,965)
Biennial % Change in Expenditures				50		(100)		(20)
Governor's Change from Base								11,910
Governor's % Change from Base								
Full-Time Equivalents	26.18	27.83	26.34	31.53			27.75	27.75

2360 - Health Care Access

Balance Forward In	3,904	5,705	3,799	5,866				
Direct Appropriation	36,643	36,258	37,285	36,968	37,512	36,832	37,512	36,832
Open Appropriation	98							
Transfers In	67	2,989	182					
Transfers Out	67	3,690	182					
Cancellations	15	493	39					
Balance Forward Out	4,923	3,522	5,865					
Expenditures	35,707	37,246	35,180	42,834	37,512	36,832	37,512	36,832
Biennial Change in Expenditures				5,061		(3,670)		(3,670)
Biennial % Change in Expenditures				7		(5)		(5)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	66.64	71.73	65.26	79.15	79.15	78.66	79.15	78.66

Health

Agency Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base		Governor's Recommendation	
					FY22	FY23	FY22	FY23
2403 - Gift								
Balance Forward In	144	124	98	1,106				
Receipts	22	3	1,013	15	15	15	15	15
Transfers In			18					
Transfers Out			18					
Balance Forward Out	124	98	1,105					
Expenditures	42	29	6	1,121	15	15	15	15
Biennial Change in Expenditures				1,055		(1,097)		(1,097)
Biennial % Change in Expenditures				1,474		(97)		(97)
Governor's Change from Base								0
Governor's % Change from Base								0

2800 - Environmental

Balance Forward In		161		432				
Transfers In	1,253	1,258	1,067	932	932	932	932	932
Transfers Out	512	512						
Cancellations		2						
Balance Forward Out	96		431					
Expenditures	645	905	636	1,364	932	932	932	932
Biennial Change in Expenditures				451		(136)		(136)
Biennial % Change in Expenditures				29		(7)		(7)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	4.15	4.63	3.85	6.13	5.66	5.66	5.66	5.66

2801 - Remediation

Balance Forward In		29		25				
Transfers In	255	257	257	257	257	257	257	257
Cancellations		0						
Balance Forward Out	15		25					
Expenditures	240	286	232	282	257	257	257	257
Biennial Change in Expenditures				(12)		0		0

Health

Agency Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY18	FY19	FY20	FY21	FY22	FY23	FY22	FY23
Biennial % Change in Expenditures				(2)		(0)		(0)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	1.96	2.39	1.96	1.87	1.87	1.87	1.87	1.87

3000 - Federal

Balance Forward In	936	204	382	5,965	50	41	50	41
Receipts	248,211	239,696	234,267	663,046	382,797	248,146	382,797	248,146
Balance Forward Out	839	1,042	5,989	50	41	32	41	32
Expenditures	248,307	238,858	228,661	668,961	382,806	248,155	382,806	248,155
Biennial Change in Expenditures				410,457		(266,661)		(266,661)
Biennial % Change in Expenditures				84		(30)		(30)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	575.43	567.09	599.13	624.31	521.21	512.02	521.21	512.02

3001 - Federal TANF

Balance Forward In			0					
Receipts	11,282	12,510	10,503	11,713	11,713	11,713	11,713	11,713
Expenditures	11,282	12,510	10,503	11,713	11,713	11,713	11,713	11,713
Biennial Change in Expenditures				(1,576)		1,210		1,210
Biennial % Change in Expenditures				(7)		5		5
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	2.11	2.36	2.32	3.41	3.41	3.41	3.41	3.41

3010 - Coronavirus Relief

Balance Forward In				50,139				
Direct Appropriation			75,195	181,290	0	0	0	0
Cancellations			944					
Balance Forward Out			50,138					
Expenditures			24,112	231,429				
Biennial Change in Expenditures				255,541		(255,541)		(255,541)

Health

Agency Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY18	FY19	FY20	FY21	FY22	FY23	FY22	FY23
Biennial % Change in Expenditures						(100)		(100)
Governor's Change from Base								0
Governor's % Change from Base								
Full-Time Equivalents			0.10	198.30				

6000 - Miscellaneous Agency

Balance Forward In			15					
Receipts	67	67	76	67	67	67	67	67
Transfers Out	67	52	91	67	67	67	67	67
Balance Forward Out		15						

8201 - Drinking Water Revolving

Balance Forward In		146	10					
Transfers In	595	532	612	672	672	672	672	672
Balance Forward Out	118	0						
Expenditures	477	678	622	672	672	672	672	672
Biennial Change in Expenditures				139		50		50
Biennial % Change in Expenditures				12		4		4
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	2.90	2.82	4.18	5.00	5.00	5.00	5.00	5.00

Health

Agency Change Summary

(Dollars in Thousands)

	FY21	FY22	FY23	Biennium 2022-23
Direct				
Fund: 1000 - General				
FY2021 Appropriations	135,037	135,037	135,037	270,074
Base Adjustments				
Current Law Base Change		(2,366)	(2,827)	(5,193)
Approved Transfer Between Appropriation		0	0	0
Forecast Base	135,037	132,671	132,210	264,881
Change Items				
Operating Adjustment		781	1,219	2,000
Fetal Infant Mortality Review		311	311	622
Maternal Mortality Review		198	198	396
Home Visiting Grants Rightsizing		(400)	(400)	(800)
Fetal Alcohol Syndrome Grants Rightsizing		(117)	(117)	(234)
e-Health Initiative Reduction		(97)	(97)	(194)
MERC Formula Grants Reduction		(1,000)	(1,000)	(2,000)
Total Governor's Recommendations	135,037	132,347	132,324	264,671
Fund: 1200 - State Government Special Rev				
FY2021 Appropriations	62,470	62,470	62,470	124,940
Base Adjustments				
Current Law Base Change		7,001	7,209	14,210
Approved Transfer Between Appropriation		0	0	0
Forecast Base	62,470	69,471	69,679	139,150
Change Items				
Newborn Screening Disorders Fee Adjustment		1,662	1,838	3,500
Health Data Intermediaries Fee Adjustment		(105)	(105)	(210)
State Government Special Revenue Fund Solvency	(2,209)	(2,577)	(2,577)	(5,154)
Total Governor's Recommendations	60,261	68,451	68,835	137,286
Fund: 1250 - Health Care Response				
FY2021 Appropriations	7,932	7,932	7,932	15,864
Base Adjustments				
All Other One-Time Appropriations		(7,932)	(7,932)	(15,864)
Forecast Base	7,932	0	0	0
Total Governor's Recommendations	7,932	0	0	0
Fund: 1251 - COVID-19 Minnesota				
FY2021 Appropriations	1,388	1,388	1,388	2,776
Base Adjustments				
All Other One-Time Appropriations		(1,388)	(1,388)	(2,776)

Health

Agency Change Summary

(Dollars in Thousands)

	FY21	FY22	FY23	Biennium 2022-23
Forecast Base	1,388	0	0	0
Total Governor's Recommendations	1,388	0	0	0
Fund: 2302 - Clean Water				
FY2021 Appropriations	6,497	6,497	6,497	12,994
Base Adjustments				
One-Time Legacy Fund Appropriations		(6,497)	(6,497)	(12,994)
Forecast Base	6,497	0	0	0
Change Items				
Clean Water Legacy - Source Water Protection		3,079	3,079	6,158
Clean Water Legacy - Contaminants of Emerging Concern		1,200	1,200	2,400
Clean Water Legacy - Groundwater Restoration and Protection Strategies		563	563	1,126
Clean Water Legacy - Private Well Protection		863	863	1,726
Clean Water Legacy - Drinking Water Protection		250	250	500
Total Governor's Recommendations	6,497	5,955	5,955	11,910
Fund: 2360 - Health Care Access				
FY2021 Appropriations	36,968	36,968	36,968	73,936
Base Adjustments				
Current Law Base Change		(56)	(136)	(192)
Biennial Appropriations		600		600
Forecast Base	36,968	37,512	36,832	74,344
Total Governor's Recommendations	36,968	37,512	36,832	74,344
Fund: 3010 - Coronavirus Relief				
FY2021 Appropriations	181,290	181,290	181,290	362,580
Base Adjustments				
All Other One-Time Appropriations		(181,290)	(181,290)	(362,580)
Forecast Base	181,290	0	0	0
Total Governor's Recommendations	181,290	0	0	0
Dedicated				
Fund: 1100 - Medical Education & Research				
Planned Spending	79,028	78,991	78,991	157,982
Forecast Base	79,028	78,991	78,991	157,982
Total Governor's Recommendations	79,028	78,991	78,991	157,982
Fund: 2000 - Restrict Misc Special Revenue				
Planned Spending	6,237	4,411	4,281	8,692
Forecast Base	6,237	4,411	4,281	8,692

(Dollars in Thousands)

	FY21	FY22	FY23	Biennium 2022-23
Total Governor's Recommendations	6,237	4,411	4,281	8,692
Fund: 2001 - Other Misc Special Revenue				
Planned Spending	57,389	47,639	48,623	96,262
Forecast Base	57,389	47,639	48,623	96,262
Total Governor's Recommendations	57,389	47,639	48,623	96,262
Fund: 2403 - Gift				
Planned Spending	1,121	15	15	30
Forecast Base	1,121	15	15	30
Total Governor's Recommendations	1,121	15	15	30
Fund: 3000 - Federal				
Planned Spending	668,961	382,806	248,155	630,961
Forecast Base	668,961	382,806	248,155	630,961
Total Governor's Recommendations	668,961	382,806	248,155	630,961
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	672	672	672	1,344
Forecast Base	672	672	672	1,344
Total Governor's Recommendations	672	672	672	1,344
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
Fund: 2000 - Restrict Misc Special Revenue				
Forecast Revenues	3,155	2,985	2,866	5,851
Total Governor's Recommendations	3,155	2,985	2,866	5,851
Fund: 2001 - Other Misc Special Revenue				
Forecast Revenues	46,632	47,023	48,307	95,330

Health

Agency Change Summary

(Dollars in Thousands)

	FY21	FY22	FY23	Biennium 2022-23
Total Governor's Recommendations	46,632	47,023	48,307	95,330
Fund: 2403 - Gift				
Forecast Revenues	15	15	15	30
Total Governor's Recommendations	15	15	15	30
Fund: 3000 - Federal				
Forecast Revenues	663,046	382,797	248,146	630,943
Total Governor's Recommendations	663,046	382,797	248,146	630,943
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	1,359	1,359	1,374	2,733
Total Governor's Recommendations	1,359	1,359	1,374	2,733
Fund: 1200 - State Government Special Rev				
Forecast Revenues	62,840	62,055	61,817	123,872
Change Items				
Newborn Screening Disorders Fee Adjustment		2,814	2,856	5,670
Asbestos Licensing Fee Adjustment		310	310	620
Radioactive Materials Unit Fee Adjustment		332	332	664
Health Data Intermediaries Fee Adjustment		(105)	(105)	(210)
Total Governor's Recommendations	62,840	65,406	65,210	130,616

Health

FY 2022-23 Biennial Budget Change Item

Change Item Title: Operating Adjustment

Fiscal Impact (\$000s)	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
General Fund					
Expenditures	0	781	1,219	1,219	1,219
Revenues	0	0	0	0	0
Other Funds					
Expenditures	0	0	0	0	0
Revenues	0	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	0	781	1,219	1,219	1,219
FTEs	0	0	0	0	0

Recommendation:

The governor recommends additional funding of \$781,000 in FY 2022 and \$1,219,000 in each subsequent year from the general fund to maintain the current level of service delivery at the Department of Health. This represents a 1% increase in FY 2022-2023 to the agency's biennial base budget in the general fund.

Rationale/Background:

The operating increases recommended in fiscal years 2022 and 2023 fund a portion of the projected cost increases in the upcoming biennium. Each year, the cost of doing business rises—including growing costs for employer-paid health care contributions and other salary and compensation-related costs. Other operating costs, like rent and lease, fuel and utilities, IT and legal services also grow. This cost growth puts pressure on agency operating budgets that remain flat from year to year without enacted increases.

Agencies face challenging decisions to manage these costs within existing budgets, while maintaining the services Minnesotans expect. To manage costs, most agencies find ways to become more efficient with existing resources. The department relies heavily on federal and other funds to support its central operations. Without the operating adjustment from the general fund, the department would have to spend an increasing percentage of the federal and non-state funds on central business costs, which means fewer dollars are spent on program areas such as infectious disease detection and prevention, public health laboratory analysis, chronic disease prevention, and support for local communities.

Proposal:

The governor recommends increasing agency operating budgets to support the delivery of current services. This increase is below the assumed level of inflation, acknowledging continued efficiencies achieved by the Department of Health. For the Department of Health, this funding will allow the department to maintain human resource systems to support a highly skilled workforce, use information technology solutions to improve efficiency and public accessibility, and adequately manage financial and data resources with the necessary controls and oversight.

Results:

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

Health

FY 2022-23 Biennial Budget Change Item

Change Item Title: Fetal Infant Mortality Review

Fiscal Impact (\$000s)	FY 2022	FY 2023	FY 2024	FY 2025
General Fund				
Expenditures	311	311	311	311
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	311	311	311	311
FTEs	2.5	2.3	2.3	2.3

Recommendation:

The governor recommends reinstating the Fetal and Infant Mortality Reviews Committee. The panels will review infant and child mortality cases and recommend health and safety strategies to prevent future deaths and injury.

Rationale/Background:

In 2001, Minnesota Statutes, section 145.90, outlined the commissioner of health's duty to establish fetal, infant, and maternal mortality death studies sunset. However, while maternal mortality death studies were reinstated; Fetal and Infant Mortality Reviews (FIMR) were not a part of the reinstatement. The purpose of FIMR is to use a public health approach to identify and understand the causes and context of fetal and infant deaths and make recommendations to the state and county agencies for improving systems, including modifications in statute, rule, policy, and procedure.

Proposal:

The recommendation of a \$311,000 annual appropriation in the general fund is to restore the authority of department to access health, medical, and autopsy records without consent of the parent or guardian when an infant death (death to a live-born infant to age one) or a fetal death (at least 20 weeks gestation) occurs. Reinstating the department's authority would allow access to relevant records (medical records, birth and death records, medical examiners' and coroner's report, and contact information for the family) in order to fully understand the factors influencing an infant and fetal death. Without access to comprehensive information, our understanding and ability to work toward reducing the significant disparities in American Indian and African American infant deaths will be challenging.

The department proposes to reinstate FIMR beginning in fiscal year 2022 for deaths occurring in the previous calendar year. The proposed review would include a sampling of all infant and fetal deaths in racial and ethnic communities experiencing the highest disproportionate rates of infant/fetal mortality, along with 70 to 75 other infant deaths in the state. This would provide the department with the information needed to make the policy and systems changes necessary to improve disparities in infant mortality.

This proposal requests a general fund investment to implement the first stage of re-establishing the FIMR. Additional investments in future years will allow the department to further expand the process, review additional deaths, as well as support partners in community engagement as essential parts of the review. Funds will support public health advisors, research specialists, and other staff whenever possible from the communities impacted by disproportionate rates of infant mortality to abstract cases and provide oversight and coordination of the project and support the Case Review Teams. The department will contract with trauma-informed interviewers to

complete of voluntary maternal (family) interviews. Financial support for costs incurred would be given to family members who voluntarily participate in an interview, including travel and childcare.

Impact on Children and Families:

Understanding the factors that contribute to causes of fetal and infant death will provide the department with information needed to make policy and systems changes to improve conditions that contribute to fetal and infant death, particularly with emphasis on addressing the significant disparities within populations most impacted.

Fetal and Infant Mortality Review (FIMR) is a well-established continuous quality improvement methodology developed jointly by the National Fetal and Infant Mortality Review, the American College of Obstetrics and Gynecologists, and the Maternal and Child Health Bureau. Confidentiality is assured for both families and providers. Community and health systems issues are identified and recommendations for system and service improvement are developed and implemented. A voluntary family interview also provides significant input into the process and provides an opportunity to assess family needs for services such as grief counseling and treatment for maternal depression.

Equity and Inclusion:

All children and families will be impacted by this proposal. Without access to comprehensive information our understanding and ability to work toward reducing the significant disparities in American Indian and African American infant deaths is challenging. The information gathered from these reviews will provide insight into the causes and circumstance surrounding the deaths and the accumulation of evidence will enable the department to make the policy and systems changes necessary to improve disparities in fetal/infant mortality.

Results:

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Current</i>	<i>Future</i>	<i>Dates</i>
Quantity	Number of fetal/infant death cases reviewed	0	100	FY 2021 FY 2023
Quantity	Number of review committee and community action committee meetings	0	4	FY 2021 FY 2023
Result	Infant mortality rate - the number of infant deaths per 1,000 live births in Minnesota	Total: 5.1 White: 4.1 Black/African American: 9.3 American Indian: 9.9	Total: 4.8 White: 3.9 Black/African American: 8.8 American Indian: 9.4	2014-2016 2024-2026
Result	Stillbirth rate - the number of fetal deaths (after 20 weeks gestation) per 1,000 live births plus fetal deaths in Minnesota	Total: 5.5 White: 4.4 Black/African American: 9.6 American Indian: 10.8	Total: 5.2 White: 4.2 Black/African American: 9.1 American Indian: 10.3	2015-2017 2024-2026

Statutory Change(s):

Minnesota Statutes, section 145.901

Change Item Title: Maternal Mortality Review

Fiscal Impact (\$000s)	FY 2022	FY 2023	FY 2024	FY 2025
General Fund				
Expenditures	198	198	198	198
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	198	198	198	198
FTEs	1	1	1	1

Recommendation:

The governor recommends adding maternal morbidity reviews to the maternal mortality review committee. Also, an additional general fund investment will support the expanded work of the committee, allowing for the ability to perform abstraction of cases and data collection and analysis.

Rationale/Background:

In the interest of preventing maternal mortality, it is important to look upstream at maternal morbidity to identify and prevent the complications of pregnancy, birth, and the postpartum period that can lead to death. Evidence suggests that women admitted to intensive care units or those that receive transfusions are at an increased risk of dying.

Maternal mortality and morbidity have wide ranging impacts. Nationally, between 2008 and 2017:

- Approximately 1 in 3 deaths among women during or within a year of pregnancy were pregnancy-related.
- Communities of color and Indigenous communities are disproportionately impacted.
- Approximately 2 out of 3 deaths are preventable.

Between 2011 and 2017, within Minnesota, rural deaths accounted for 47.3% of maternal deaths, while 52.7% were in the seven county metro area. Overall maternal mortality rates in Minnesota are low, but certain populations are disproportionately impacted. In order to allow for better understanding of health factors that contribute to poor pregnancy outcomes, it is important to include maternal morbidity with maternal mortality as part of the Maternal Mortality Review process. Maternal Mortality Review Committees are multi-disciplinary committees that convene at the state or local level to comprehensively review deaths of women during or within a year of pregnancy.

The Maternal Mortality Review Committees have access to additional information (e.g., vital records, medical records, and social service records) on maternal deaths such as medical and social records that allow a deeper examination of the processes and factors leading to the death than what is possible from vital records alone. According to the CDC, between 20% and 50% of maternal deaths in the United States are preventable through the work of such committees. Beyond assessing preventability, the committees provide recommendations for policy, system, and environmental changes that influence maternal health and pregnancy outcomes.

Proposal:

The proposal is for a \$198,000 general fund appropriation beginning in fiscal year 2022 and each year thereafter to review all maternal mortality cases (approximately 25-30 cases) and a sample maternal morbidity cases, providing more comprehensive data to better identify and target the root causes of maternal mortality and morbidity. In order to carry this out, funding is for 0.5 full-time equivalent staff for data collection and analysis and a 0.5 full-time equivalent Public Health Nurse for medical record abstraction in preparation for the review process. Additionally, funds will support the Maternal Mortality Review Committee through annual plans for committee member travel, professional technical contracts for case abstraction, and related costs.

Impact on Children and Families:

Every maternal death is a tragedy, especially when it is estimated that approximately two-thirds of these deaths are preventable. On top of the catastrophic loss, maternal deaths can result in significant long-term financial hardship for the family. There is an economic impact on families, recognizing that in addition to their participation in the labor force, mothers are often the primary caregiver and in turn, provide essential support to the family. Additionally, when one parent dies, the family structure changes suddenly, and the remaining parent is left to assume the role of both parents.

Equity and Inclusion:

According to a [CDC report](#), pregnancy-related deaths occur 3.3 times more often among Black women, and 2.5 times more often among Native Americans and Alaska Native women, than they do among white women. In the United States, there are considerable racial disparities in pregnancy-related mortality.

During 2011-2015, the pregnancy-related mortality ratios were:

- 13.0 deaths per 100,000 live births for non-Hispanic white women.
- 42.8 deaths per 100,000 live births for non-Hispanic Black women.
- 32.5 deaths per 100,000 live births for non-Hispanic American Indian/Alaskan Native women.

In Minnesota, 2% of the births in 2011-2017 were to American Indian mothers, however around 12% of the maternal deaths were to American Indians.

Data from these reviews are used to inform targeted intervention strategies designed to improve outcomes for women who are at particularly high risk, in addition to women statewide.

Results:

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Current</i>	<i>Future</i>	<i>Dates</i>
Quantity	Number of severe maternal morbidity cases reviewed	0	20	FY 2021 FY 2023
Quality	Maternal mortality report and recommendations published	0	1 every other year	FY 2022 FY 2024
Results	Reduce maternal deaths by >15% by 2025	30/year	25/year	FY 2022 FY 2025

Statutory Change(s):

Minnesota Statutes, section 145.901

Health

FY 2022-23 Biennial Budget Change Item

Change Item Title: Newborn Screening Disorders Fee Adjustment

Fiscal Impact (\$000s)	FY 2022	FY 2023	FY 2024	FY 2025
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
State Government Special Revenue Fund				
Expenditures	1,662	1,838	1,838	1,838
Revenues	2,814	2,856	2,856	2,856
Net Fiscal Impact = (Expenditures – Revenues)	(1,152)	(1,018)	(1,018)	(1,018)
FTEs	9.5	10.5	10.5	10.5

Recommendation:

The governor recommends an increase to the newborn screening fee. This will allow the department to provide enhanced testing, education and outreach, follow-up to ensure infants receive diagnostic testing, and technical assistance, which will benefit all Minnesota newborns. It will also address the structural deficit in the newborn screening departmental earnings group.

The proposed change is a 2.4% increase to the department's base in the state government special revenue fund in fiscal year 2022.

Rationale/Background:

The department screens Minnesota newborns soon after birth to see if they are at risk for rare, hidden disorders. If left untreated, these disorders can lead to illness, physical disability, developmental delay, or death. Identifying these disorders early, interventions, medications, or changes in diet can help prevent most health problems caused by the disorders on the newborn screening panel.

Minnesota is a national leader in newborn screening and screens newborns for more than 60 disorders that affect metabolism, hormones, the immune system, blood, breathing, digestion, hearing, or the heart.

Our goals are to:

- Screen all Minnesota infants.
- Identify infants with rare, hidden disorders or with hearing loss at an early age when treatment and intervention can prevent health problems, help facilitate development, and save lives.
- Ensure that all infants with abnormal newborn screens have access to prompt diagnostic assessments and receive early intervention services.
- Improve systems for follow-up, reporting, and connection to services for infants identified by newborn screening.

The Minnesota program screens for all disorders on the Recommended Uniform Screening Panel, which is a list of disorders that the secretary of the U.S. Department of Health and Human Services recommends for states to screen as part of their newborn screening programs. Disorders on the Recommended Uniform Screening Panel are chosen based on evidence that supports the potential net benefit of screening, the ability of states to screen for the disorder, and the availability of effective treatments. It is recommended that every newborn be screened for all disorders on the Recommended Uniform Screening Panel. Advances in technology and medical care have

led to the addition of four disorders in recent years (spinal muscular atrophy, x-linked adrenoleukodystrophy, Pompe disease, and mucopolysaccharidosis I) and there are several additional ones being considered now. This has led to a greatly improved medical outcome or saved life for over 15 additional Minnesota infants and their families per year.

Proposal:

The governor recommends an additional \$42 be added to the current fee of \$135. The change will result in \$2,814,000 in increased revenue in FY 2022 and \$2,856,000 in increased revenue in FY 2023 and thereafter, above the forecast level in the state government special revenue fund. The increase in revenue will support an increase of the appropriation by \$1,661,000 for fiscal year 2022 and \$1,838,000 annually thereafter. This proposed net savings will remediate the current imbalance in the state government special revenue fund and increase support screening for new disorders that will be recommended at the national level within the next few years.

We anticipate that Krabbe disease, Guanidinoacetate methyltransferase deficiency, and Duchenne Muscular Dystrophy will be recommended next for inclusion on the panel. The proposed appropriation increase will allow for the acquisition of instrumentation, supplies, and staff needed to implement this new testing and ensure appropriate follow-up and interventions to benefit children with these rare diseases. The department provides connection to parent support organizations unique to their child’s diagnosis and additional supports outside the clinical setting such as through early intervention services provided through the educational system or access to needed financial resources. These important resources and supports are key to improving outcomes for children with newborn screening conditions. The department will continue to provide quality data privacy and security of newborn screening results and demographic information.

Impact on Children and Families:

The department’s goal is to increase the total number of children identified with a congenital/hereditary disorder in order to improve medical outcomes. We do this by adding testing and follow-up for additional disorders over time. Additional funding is needed to identify vulnerable children affected with rare diseases so that they can benefit from early medical intervention.

Equity and Inclusion:

All newborns in Minnesota can receive newborn screening. The hospital or out-of-hospital birth provider bills health insurance or Medicaid for the screening fee. Approximately one third of births in Minnesota are billed to Medicaid. If a family is uninsured and the fee is a hardship for them, the newborn screening program has a process to ensure their child can still have the screening completed.

Results:

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Current</i>	<i>Future</i>	<i>Dates</i>
Quantity	Number of disorders screened	61	64	FY 2021 FY 2022
Result	Number of infants with improved medical outcomes due to early diagnosis	576	587	FY 2021 FY 2022
Result	Percent of children receiving initial early interventions/treatment for their newborn screening condition	88%	95%	FY 2021 FY 2022

Statutory Change(s):

Minnesota Statute, section 144.125, subdivision 1 (c)

Health

FY 2022-23 Biennial Budget Change Item

Change Item Title: Asbestos Licensing Fee Adjustment

Fiscal Impact (\$000s)	FY 2022	FY 2023	FY 2024	FY 2025
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
State Government Special Revenue Fund				
Expenditures	0	0	0	0
Revenues	310	310	310	310
Net Fiscal Impact = (Expenditures – Revenues)	(310)	(310)	(310)	(310)
FTEs	0	0	0	0

Recommendation:

The governor recommends additional residential permit fees by removing an exemption to abatement requirements for certain materials in residential structures that are four units or less. The governor also recommends increasing permit and accreditation fees. The increase will expand the department’s capacity to protect the public from asbestos in the indoor building environment, such as homes, schools, and places of business.

Rationale/Background:

The asbestos abatement law exempts abatement of asbestos-containing floor tiles, floor sheeting, roofing materials, exterior siding, and ceilings in residential structures that are four units or less. The same exempted materials are regulated in non-residential structures and must be safely handled during abatement, requires training, and includes notification to the department. Residences are not treated with the same standard of care as non-residential structures, yet their occupancy rate and accumulated time spent within residential structures is much higher.

Of all the carcinogens of concern, asbestos exposure has a direct causal relationship to asbestosis, lung cancer, and mesothelioma. Low-income communities are among those living in older and poorly maintained residential properties in Minnesota that contain asbestos. Asbestos-containing materials in older rental residential settings is often in poor condition and not properly maintained and can lead to asbestos exposure to those in the living environment.

The department has operated with the same fee structure since 1989. Revenue from credentialing fees has decreased overall the past four years (FY 2017 to FY 2020); number of licensed asbestos contractors decreased by 3%; certified workers and supervisors decreased 7%; certified inspectors and management planners decreased by 7%; and project designers decreased by 18%.

The number of permit applications has declined for non-residential projects by 6% from FY 2017 to FY 2020. Residential permit applications have remained level but may fluctuate year to year due to regulatory companies tagging older boilers/HVAC and based on variation with overall consumer renovation projects. Fees from commercial projects tend to fluctuate since the size of the project and amount of asbestos-containing materials abated determines cost. This variable is also dependent on overall property development in urban and non-urban

areas of the state. The number of large abatement projects that generate higher fees (currently 1%) are less frequent in comparison to permitted projects noted in program data prior to FY 2017.

Air monitoring permits tied to asbestos abatement permits (above) have decreased on average by 22%. The reason for the decrease is due to a reduced number of school projects where air monitoring and project oversight is mandated (Asbestos Hazard Emergency Response Act regulation for schools K-12). Abatement contractors provide their own air monitoring in non-school settings using trained staff.

Proposal:

The proposed amendments to the asbestos abatement law would increase revenue by \$310,000 to the state government special revenue fund. State government special revenue fund appropriations for this are in excess of collected revenue. Additional revenue authority is needed to support current spending authority, so this proposal does not include a change in expenditure.

The proposal amends Minnesota Statutes, section 326.71, subdivision 4 (asbestos-related work) to remove the exemption of asbestos-containing floor tiles and sheeting, roofing materials, siding, and ceilings in residences with no more than four dwelling units.

This addresses complaints from the public and industry regarding unsafe removal practices of exempted materials in residences. The department receives on average 100-200 complaints annually and it lacks the authority to respond to complaints based on the exemption or to take enforcement action. Feedback from industry experts and members of the public indicate a high level of concern. Removal or disturbance of exempted asbestos-containing materials may create high asbestos fiber levels as they become airborne and deposited within the home during repair or renovation work. The cost for decontamination of asbestos residue in these homes is high due to the extent of cleaning required to ensure an asbestos-free environment.

Removing the exemption from the asbestos abatement law will ensure that the department has the resources to respond to future complaints and directly address unsafe removal and maintenance activities. It will ensure that abatement contractors use a consistent health-based standard for asbestos abatement, regardless of the type of building environment. The addition of 150 permits annually will require additional staff time to monitor the notified projects and will include staff time to educate local public health, professional landlord associations, as well as members of the regulated industry.

The proposal also amends Minnesota Statutes, section 326.75, subdivisions 1 and 2, to increase licensing and certification fees and amends Minnesota Statutes, section 326.75, subdivisions 3 to increase the project permit fee.

Comparison of current and proposed fee amounts for asbestos licensing

Description	Current fee amount	New fee amount	Amount of change	% change
Non-residential fee	\$312	\$624	\$312	100%
Residential fee	\$35	\$35	\$0	0%
Air Monitoring Fee	\$55	\$110	\$55	100%
Asbestos Contractor	\$100	\$105	\$5	5%
Worker	\$50	\$52.50	\$2.50	5%
Supervisor	\$50	\$52.50	\$2.50	5%
Inspector	\$100	\$105	\$5	5%
Management planner	\$100	\$105	\$5	5%
Project designer	\$100	\$105	\$5	5%

The proposal to increase credential and permit fees is based on the resources the department needs to maintain the asbestos credentialing program, providing compliance assistance and outreach, increase the number of inspections of residential and non-residential project work sites, increase the number of audits of permitted training courses, and taking enforcement action where necessary. Funds will cover staff salary, IT development, in-state travel, equipment, training, and program-related activities.

Impact on Children and Families:

This proposal will ensure that homeowners, renters, or habitants of residential areas are protected from asbestos hazards that result from renovation or repair work. The department will increase outreach and education to property owners and tenants so they can be confident that renovation or repair work is not impacting asbestos in affected building components.

Equity and Inclusion:

This proposal will have a positive impact for children, especially those in vulnerable communities living in older housing. Low-income communities are disproportionately affected by asbestos-containing materials in their living environments.

Statutory Change(s):

Minnesota Statutes, section 326.71, subdivision 4

Minnesota Statutes, section 326.75, subdivisions 1, 2, and 3

Health

FY 2022-23 Biennial Budget Change Item

Change Item Title: Radioactive Materials Unit Fee Adjustment

Fiscal Impact (\$000s)	FY 2022	FY 2023	FY 2024	FY 2025
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
State Government Special Revenue Fund				
Expenditures	0	0	0	0
Revenues	332	332	332	332
Net Fiscal Impact = (Expenditures – Revenues)	(332)	(332)	(332)	(332)
FTEs	0	0	0	0

Recommendation:

The governor recommends increased application and license fees for initial fee for specific licenses, initial fee for general license devices, and renewal application fees. As part of the change, the department will amend the current fee structure to include progressive fees for facilities with multiple locations of use. The funds will ensure the department is able to continue to inspect licensees at the required frequency, respond to radiological incidents, and to ensure public safety from the hazards of radiation.

Rationale/Background:

In 2006, the state entered into an agreement with the Nuclear Regulatory Commission, which transferred regulatory authority to the state, and established Minnesota Statutes, sections 144.1201-144.1205 and Minnesota Rules, chapter 4731. Fees to operate the program were incorporated into Minnesota Statutes, section 144.1205. The fees established were set at 75-80% of the Nuclear Regulatory Commission fees from 2004. When the program began in 2006 the fees were sufficient, but over fourteen years the operating expenses have increased beyond revenue collection and appropriations. As a result, the department has been unable to fill staff positions, creating difficulties in meeting inspection frequency requirements and timely license issuance.

Proposal:

The proposed amendments for the radioactive materials law would increase revenue by \$332,000 to the state government special revenue fund. Appropriations in the state government special revenue fund for this activity are in excess of collected revenue. Additional revenue authority is needed to support current spending authority, so this proposal does not include a change in expenditure. Fee increases are proposed for annual license fees, license applications, license amendments, reciprocity, and general license device registrations. This change will include adding renewal applications fees every seven years.

In 2015, enhanced security requirements were added nationwide to all radioactive materials licensees. To be compatible with the Nuclear Regulatory Commission and other states, the department was required to implement these additions. This made licensing and inspections for licensees with high levels of materials more detailed and comprehensive, leading to more on-site time to ensure public health, safety, and security. Fees were not adjusted to recover the additional expenditures. This proposal is a 30% increase to annual license fees. Additionally, the proposal is to collect a license renewal application fee to cover costs for technical review of these documents.

Included in this request is to re-categorize some of the license program codes based on the number of locations a licensee maintains under one license. Because radiation safety programs and personnel are the same at each

location, licensees may have multiple locations of radioactive material use under one license, and therefore, one fee. Licensees with multiple locations require additional staff time and resources to inspect and ensure public health and safety compared to those with one location. This creates a disparity between large facilities operating in multiple locations and small facilities operating at one or two locations while both paying the same fee for services. Implementing a more equitable fee structure will require a change to the current statute. The governor recommends that licensees with more than three locations would have a 20% increase on the standard fee and those with more than eight would have a 40% increase.

Reviewing license applications involves a technical review of radiation safety programs, materials user's qualifications, and security requirements. As part of the 2015 enhanced national security requirements, all new license applicants are required to have a security on-site visit to ensure radioactive material will be used for its intended purposes. This requires additional staff time and often in-state travel that was not present in 2005. This proposal will apply an increase in application fees by 15% to support this work.

Licensees changing elements related to their radioactive materials program are required to submit amendments, which are reviewed by staff for approval. Licensees are not authorized to make requested changes until approval is received. Amendments like approving authorized users, new locations of use, changes to security programs, and approval for new radioactive isotopes or devices are common to the unit. They involve technical review by qualified individuals and consume an average of nearly 3,000 hours of technical staff time each year. This proposal will apply a fee increase from \$300 to \$600 to account for staff costs to perform these reviews.

Licensees from other jurisdictions may use radioactive materials in Minnesota under reciprocity for less than 180 days in a calendar year. This allows licenses to perform short-term work without applying for a Minnesota license if they have a valid license in another jurisdiction. Licensees must apply for reciprocity, pay a fee, receive approval, and notify the department within three days when they will be in the state using materials. In order to grant approval, department staff must verify the license and compliance history with the licensing jurisdiction. Notification is necessary so we may inspect the licensee for compliance with department regulations. As part of the department's agreement with Nuclear Regulatory Commission, a certain percentage of these licensees must be inspected. Fees for reciprocity have remained at \$1,200 per year. This proposal will increase this fee to \$2,400 to recover increasing staff and resource expenses. The fee increase is comparable to our neighboring states that have an agreement with the Nuclear Regulatory Commission. Many other states require the reciprocity fee to be the annual fee or a certain percentage of the annual fee.

Certain facilities possessing devices with radioactive materials considered generally licensed must register these devices. In Minnesota, registration includes an annual fee and inventory reconciliation. Additionally, the licensee has reporting requirements for these devices if they are lost, stolen, or malfunctioning. Regulatory oversight for these devices is less than specific licenses but often requires dedicated staff to maintain inventory and respond to reports and incidents. The current annual registration fee is \$150 and this proposal will change the annual fee for general licensed devices to \$450 to maintain safety and security of these devices.

Impact on Children and Families:

This proposal will protect all Minnesotans from the hazards associated with the use of radioactive materials for medical, industrial, and academic purposes.

Equity and Inclusion:

This proposal will protect all Minnesotans from the hazards associated with the use of radioactive materials for medical, industrial, and academic purposes.

Statutory Change(s):

Minnesota Statutes, section 144.1205

Health

FY 2022-23 Biennial Budget Change Item

Change Item Title: Health Data Intermediaries Fee Adjustment

Fiscal Impact (\$000s)	FY 2022	FY 2023	FY 2024	FY 2025
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
State Government Special Revenue Fund				
Expenditures	(105)	(105)	(105)	(105)
Revenues	(105)	(105)	(105)	(105)
Net Fiscal Impact = (Expenditures – Revenues)	0	0	0	0
FTEs	(0.9)	(0.9)	(0.9)	(0.9)

Recommendation:

The governor recommends elimination of fees for certification of health data intermediaries. Collection of fees and modifications to the health information exchange oversight program achieves a cost savings, resulting in no net impact to the state government special revenue fund.

The proposed change is a 0.2% decrease to the department's base in the state government special revenue fund in fiscal year 2022.

Rationale/Background:

The certification for health data intermediaries began in 2009 with the passage of Minnesota's Health Information Exchange Oversight Law, Minnesota Statutes, sections 62J.498-4982, to provide requirements and oversight of vendors who provide health information exchange services in the state. At the time, no state or federal government provided oversight over such entities. Since that time, federal requirements have evolved making Minnesota's requirements for health data intermediaries unnecessary. Implementation will align Minnesota with federal and national efforts related to health information exchange. The benefit of this proposal is a reduction of the administrative burden and cost placed on health data intermediaries which is unique to Minnesota.

Proposal:

This proposal eliminates the statutory requirement for organizations operating in the state as health data intermediaries to become certified by the state. Health data intermediaries are private market vendors that facilitate the secure exchange of health information between health organizations in Minnesota. This will remove all requirements for Minnesota certification, which include an application process and fee and an annual re-certification process. Elimination of the fee will result in a corresponding reduction in administrative cost and staff at the department.

Statutory Change(s):

Repeal of Minnesota Statutes, sections 62J.498-4982

Repeal of Minnesota Statutes, section 62J.495

Health

FY 2022-23 Biennial Budget Change Item

Change Item Title: State Government Special Revenue Fund Solvency

Fiscal Impact (\$000s)	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
General Fund					
Expenditures	0	0	0	0	0
Revenues	0	0	0	0	0
Transfers In	0	(77)	(77)	(77)	(77)
Other Funds					
Expenditures	(2,209)	(2,500)	(2,500)	(2,500)	(2,500)
Revenues	0	0	0	0	0
Transfers Out	0	(77)	(77)	(77)	(77)
Net Fiscal Impact = (Expenditures – Revenues)	(2,209)	(2,577)	(2,577)	(2,577)	(2,577)
FTEs	0	0	0	0	0

Recommendation:

The Governor recommends the cancellation of appropriations and transfers to address a structural deficit in the state government special revenue fund. The changes do not have an impact on the department's programs or operations.

The proposed change is a 3.6% decrease to the department's base in the state government special revenue fund in fiscal year 2022.

Rationale/Background:

The 2020 November economic forecast projects negative budgetary balance in the state government special revenue fund by the end of fiscal year 2025.

Proposal:

The proposed cancellation of \$2,209,000 in fiscal year 2021 is unbudgeted roll forward from fiscal year 2020 in the state government special revenue fund.

The proposed cancellation of \$2,500,000 in ongoing appropriations beginning in fiscal year 2022 is due to the anticipated transition of home care providers to assisted living providers, resulting in a smaller ongoing home care program.

A \$77,000 annual transfer from the state government special revenue fund to the general fund has been required by the Laws of 2008 ([chapter 364, section 17b](#)). The transfer does not support any general fund activity and it has cancelled to the bottom line of the general fund each year. This proposal is to permanently cancel this transfer.

Health

FY 2022-23 Biennial Budget Change Item

Change Item Title: Clean Water Legacy – Source Water Protection

Fiscal Impact (\$000s)	FY 2022	FY 2023	FY 2024	FY 2025
Clean Water Fund				
Expenditures	3,079	3,079	0	0
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	3,079	3,079	0	0
FTEs	14	14	0	0

Recommendation:

The governor recommends a clean water fund investment in fiscal years 2022-2023 for source water protection activities. The proposal maintains wellhead protection plan development and implementation efforts, expands and accelerates protection efforts for public water supplies that use surface waters as sources, increases integration of drinking water protection into Minnesota’s new “One Watershed One Plan” local water planning approach, and provides surveillance testing of source water quality.

There is no ongoing base appropriation in the clean water fund and amounts must be requested each budget cycle. The recommended level is a 12.09% increase from the \$5,494,000 appropriated for this activity in the 2020-21 biennium.

Rationale/Background:

Protecting our sources (groundwater, rivers, and lakes) is the most equitable and cost-effective approach to safeguarding our drinking water now and for future generations. This funding facilitates planning and implementation specific to local needs for protecting drinking water sources. Additionally, program resources are being directed towards 1) enhancing the characterization of water quality conditions using rigorous screening, monitoring, and analysis and 2) fulfilling the Clean Water Council and department strategic objectives of securing long term protection for the most vulnerable lands in drinking water supply management areas (DWSMAs) statewide.

Proposal:

The proposal maintains existing capacity to deliver source water protection planning and implementation assistance to approximately 960 community water systems statewide. The planning efforts involve approximately 14 full-time equivalent staff. Formal source water protection plans developed through these efforts are increasingly important to local units of government because they unlock state and federal resources for implementation available through program partners (e.g., grant and cost share dollars from the Minnesota Board of Water and Soil Resources, U.S. Department of Agriculture, and Environmental Protection Agency). This proposal also supports implementation efforts directly by delivering over \$800,000 in grants to about 100 public water systems annually. These planning and implementation activities bear directly on three objectives of the Clean Water Council’s strategic plan.

This proposal will also allow the program to accelerate work for systems that rely on surface water sources of drinking water supply. Such systems serve the largest populations, are among the most vulnerable to contamination in the state and, for related reasons, are significantly more complicated to prepare and coordinate

than are source water protection plans for groundwater systems. Currently 2 of the 14 full-time equivalent staff are dedicated to surface water work. Increased funding will allow us to direct more resources to this area. Progress in this area would help advance two key objectives of the Clean Water Council’s strategic plan.

The department will also build on existing projects funded by the environment and natural resources trust fund and the Environmental Protection Agency to advance the water quality characterization of drinking water sources. Multiple drivers are prompting us to formalize these projects into routine program operations. Much of the impetus comes from increasing interest and evolving concerns about chemicals in water supplies, especially those that are not regulated by the Safe Drinking Water Act. Examples include per- and polyfluoroalkyl substances (PFAS), pharmaceuticals, and other related compounds. The work funded by this proposal will help to set priorities for future characterization efforts, establish possible management options, and inform the development of health-based guidance. The overall aim is to reduce uncertainties about water quality of resources used for drinking water supply, improve public health outcomes, and increase trust in public water systems.

Impact on Children and Families:

Safeguarding our water sources is important for healthy children, families, and vibrant communities.

Equity and Inclusion:

The source water protection grants program provides priority points for public water systems operating in areas that are disadvantaged by income.

Results:

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Current</i>	<i>Future</i>	<i>Dates</i>
Quantity	Public water systems completing objective, science-based planning process to protect their drinking water sources.	69 per biennium	60 annually	FY 20-21 FY 22-23
Quantity	Source Water Protection grants for implementation activities	142 per biennium	50 to 75 annually	FY 20-21 FY 22-23
Quality	Source water protection measures implemented	N/A	Goal is 70% of each plan	FY 20-21 FY 22-23
Results	Protected acres in high risk community water well areas	About 9,000	Goal is 400,000	FY 20-21 FY 22-23

Health

FY 2022-23 Biennial Budget Change Item

Change Item Title: Clean Water Legacy – Contaminants of Emerging Concern

Fiscal Impact (\$000s)	FY 2022	FY 2023	FY 2024	FY 2025
Clean Water Fund				
Expenditures	1,200	1,200	0	0
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	1,200	1,200	0	0
FTEs	7.56	7.56	0	0

Recommendation:

The governor recommends an investment from the clean water fund in fiscal years 2022-2023 to address contaminants of emerging concern and address the health risks of these contaminants in water.

There is no ongoing base appropriation in the clean water fund and amounts must be requested each budget cycle. The recommended level is a 29.4% decrease from the \$3,400,000 appropriated in the 2020-2021 biennium for this activity.

Rationale/Background:

Studies are finding unexpected chemicals in lakes, rivers, and groundwater and health and environmental officials need to understand if human exposure to these chemicals could pose a health risk. There are over 85,000 chemicals in commercial use, with hundreds of new chemicals introduced by industry every year. Contaminants of emerging concern are often chemicals that the scientific community knows little about, especially their potential impact on people's health.

The Drinking Water Contaminants of Emerging Concern initiative investigates and communicates the exposure potential and health risk of contaminants of emerging concern 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. Department scientists calculate guidance values that will protect people, especially our most vulnerable citizens, 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 the department and partner agencies (Minnesota Pollution Control Agency and Minnesota Department of Agriculture) to evaluate groundwater, surface water, or drinking water quality to determine if actions are needed under their specific authorities. For example, when determining if cleanup action is needed, this guidance helps determine if contamination in groundwater is a potential human health risk, and informs permit conditions. Technical assistance is frequently provided by the department program scientists to citizens, local communities, companies, and other state agencies on interpreting and evaluating what contaminant concentrations in groundwater and drinking water mean for human health. The Contaminants of Emerging Concern initiative is also working with the Environmental Protection Agency to improve the process for determining how toxic a chemical substance is, and what type of exposure Minnesotans are experiencing from multiple sources.

Proposal:

This proposal maintains the scientific capacity at the department for the Contaminants of Emerging Concern initiative to investigate and communicate the exposure potential and health risks of contaminants in drinking water at our current pace, which is usually a full review of ten chemicals over the biennium plus technical assistance, chemical screening, and public education. The department will collect new data and develop new models and methods in risk assessment as needed for emerging contaminant concerns in water. The department will also continue the work of the public health laboratory to develop new and novel test methods for contaminants in water supplies. As funding allows, the department will provide grants during the biennium to local or tribal governments, non-profits, watershed districts, academic institutions, or water resource organizations to reduce the release of contaminants and the health impacts associated with exposure to contaminants of concern in drinking water. Typically, two to three grants are awarded, ranging from \$10,000 to \$20,000 per award.

Impact on Children and Families:

According to Minnesota Statutes, section 144.0751, guidance values for human exposure to contaminants in groundwater and drinking water must protect our most vulnerable citizens, typically the developing baby, infants, and children. The department uses, and is often at the forefront of developing, risk assessment methods that specifically address the health risks to these groups. The Contaminants of Emerging Concern program also works with other department and state agency programs designed to limit the exposure of children to chemicals in water and in the products they use, such as the Toxic Free Kids program and Chemicals in Products Interagency Team. The program also works closely with the department’s Biomonitoring Program, which looks for the presence of emerging chemicals in the bodies of Minnesota citizens, including children. This coordinated work is intended to protect children from exposure to harmful chemicals and ensure they have a healthy start to life.

Equity and Inclusion:

The work of the Contaminants of Emerging Concern program affects all Minnesotans because we all depend on clean, safe drinking water sources no matter where we live, work, or travel. In developing health risk guidance, the process gives special consideration to vulnerable populations that also have additional health equity challenges. Where possible, health equity considerations are used in determining priorities, awarding grants, and in tailoring communications to specific audiences.

Results:

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Current</i>	<i>Future</i>	<i>Dates</i>
Quantity	Number of contaminant guidance values developed	2 values per FY	5 values per FY	FY 20-21 FY 22-23
Quantity	Number of outreach and education grants to local partners	2	5	FY 20-21 FY 22-23
Quantity	Number of attendees participating in Annual CEC Forum	91	100	FY 20-21 FY22-23
Quality	Number of CEC Forum attendees reporting that content is relevant to their work	92%	95%	FY 20-21 FY 22-23
Results	Ways guidance values have been used by partners	Anecdotal reports	Annual survey	FY 20-21 FY 22-23

Note: Contaminants of Emerging Concern (CEC)

Health

FY 2022-23 Biennial Budget Change Item

Change Item Title: Clean Water Legacy – Groundwater Restoration and Protection Strategies

Fiscal Impact (\$000s)	FY 2022	FY 2023	FY 2024	FY 2025
Clean Water Fund				
Expenditures	563	563	0	0
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	563	563	0	0
FTEs	2.0	2.0	0	0

Recommendation:

The governor recommends a clean water fund investment in fiscal years 2022-2023 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 the “One Watershed One Plan.”

There is no ongoing base appropriation in the clean water fund and amounts must be requested each budget cycle. The recommended level is a 16.6% decrease from the \$1,350,000 appropriated in the 2020-2021 biennium for this activity.

Rationale/Background:

GRAPS is an interagency effort to coordinate the delivery of state agency groundwater data, information, and implementation strategies for use at the local level. The aim is to facilitate local efforts to benefit groundwater resource restoration and protection.

Key efforts include the following:

- Migrating data and information to online tools
- Coordinating GRAPS work with local comprehensive watershed planning so that local partners have the resources they need in a timely manner
- Building local capacity through education, outreach, and financial assistance

Proposal:

The proposal is for an appropriation in the clean water fund of \$563,000 in fiscal year 2022 and \$563,000 in fiscal year 2023. This proposal 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 information and recommend 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 fiscal years 2022 and 2023, 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 report for each of the ‘One Watershed One Plans’ developed through the Minnesota Board of Water and Soil Resources. This is estimated to be 7 to 9 reports per year.

Impact on Children and Families:

A plentiful and affordable supply of safe drinking water is essential for healthy children, families, and a robust economy. As three out of four Minnesotans rely on groundwater as their source of drinking water, the GRAPS initiative plays a key role in protecting and restoring this resource into the future.

Equity and Inclusion:

Currently, water rates in Greater Minnesota consume a larger percentage of monthly income than in metropolitan areas. Disparities exist between large, well-funded public water systems and smaller systems that lack sufficient customer bases to fund operations and infrastructure. The GRAPS initiative supports protection of groundwater resources that if contaminated would result in increased treatment costs and more technically qualified personnel.

Results:

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Current</i>	<i>Future</i>	<i>Dates</i>
Quantity	GRAPS reports generated to inform and guide groundwater and drinking water protection in the One Watershed, One Plan	5	13	FY 20-21 FY 22-23
Quantity	Number of trainings targeting local government partners engaged in comprehensive watershed plans	1	2	FY 20-21 FY 22-23
Quantity	Capacity building grants to local government partners that will result in targeted, on-the-ground water resource and public health protection	2	6+	FY 20-21 FY 22-23
Quantity	Partnering with Minnesota Geological Survey to create 3D images of underlying geology to help make the invisible visible, defining the extent of regional aquifers that will lead to targeted protection on a watershed scale	2 watersheds	5+ watersheds	FY 20-21 FY 22-23

Note: Groundwater Restoration and Protection Strategies (GRAPS)

Health

FY 2022-23 Biennial Budget Change Item

Change Item Title: Clean Water Legacy – Private Well Protection

Fiscal Impact (\$000s)	FY 2022	FY 2023	FY 2024	FY 2025
Clean Water Fund				
Expenditures	863	863	0	0
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	863	863	0	0
FTEs	3.6	3.6	0	0

Recommendation:

The governor recommends a clean water fund investment in fiscal years 2022-2023 to reduce health risks from drinking water for private well owners.

There is no ongoing base appropriation in the clean water fund and amounts must be requested each budget cycle. The recommended level is a 15% increase over the \$1,500,000 appropriated in the 2020-2021 biennium for this activity.

Rationale/Background:

About 21% of Minnesotans, or 1.2 people, depend on their own well for drinking water. Unlike people who get their drinking water from public water system, people who get their drinking water from a private well (private well users) are largely on their own for ensuring that water from their well is safe for their household. While some protection from contamination is provided through regulation of location and construction requirements in the Minnesota Well Code, other than an initial test for bacteria, arsenic, and nitrate, no further testing is required.

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 that have elevated levels of nitrate.

The department provides information 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. A 2016 survey of 798 households with wells known to have elevated arsenic found that 34% did not take action to reduce arsenic in their drinking water and less than 20% had tested their well water within the last two years.

This initiative is supported by the Clean Water Council’s goal that private well users have safe drinking water through related strategies that support widespread and routine testing and that help private well owners achieve safe water at the tap.

Proposal:

The proposal is for an appropriation in the clean water fund of \$863,000 in fiscal year 2022 and \$863,000 in fiscal year 2023. The goal of this initiative is to ensure that Minnesotans who get their drinking water from a private

well have access to safe water. This funding will increase our efforts to build local capacity for private well protection by building on lessons learned from two previous pilot grants to local government partners to increase testing and provide modest financial support of treatment, if needed. Studies will also be conducted that increase understanding of the magnitude and occurrence of contaminants in private wells. Education and outreach efforts will be used to increase water testing by owners and appropriate treatment. As part of our commitment to equity, we are increasing outreach and education, technical support, and financial assistance for private well users so they can be confident in the safety and quality of their drinking water.

The department will:

- Study the occurrence and magnitude of additional contaminants and develop appropriate actions that reduce private well users’ exposure to these contaminants.
- Share this information with over 500 well contractors that construct about 5,500 wells each year so that the wells are less likely to have contamination and they can provide reliable information to homeowners.
- Based on social science evidence, develop new outreach and education content, materials, and delivery methods.
- In collaboration with local governments, host water testing opportunities at county fairs, WIC visits, farmers markets, etc.
- Increase local government capacity to protect groundwater quality and those who drink from private wells through education, technical assistance, and grants.
- Evaluate the Water Testing Laboratory toolkit that provides communication tools and resources that help private well users understand their water test results and make informed decisions.
- Explore new partnerships for expanding outreach through well baby programs, childcare provider education, and new local partnerships.

Impact on Children and Families:

The developing baby, infants, and children are especially vulnerable to health effects from contaminants in drinking water such Blue Baby Syndrome, gastrointestinal illnesses, and other waterborne diseases. Many childcare businesses in Greater Minnesota depend on a private well and so can benefit from learning about appropriate testing and treatment.

Equity and Inclusion:

This proposal focuses on health equity for people who get their drinking water from a private well. Private well users 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 users 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:

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Current</i>	<i>Future</i>	<i>Dates</i>
Quantity	New education and outreach materials developed	0	2	FY 20/21 FY 22/23
Quantity	New grants to local partners	2 grants	4 grants	FY 20/21 FY 22/23
Quality	New strategies developed through partner grants	0	5	FY 20/21 FY 22/23
Results	New protective actions that result from contaminant research	2	2	FY 20/21 FY 22/23

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Current</i>	<i>Future</i>	<i>Dates</i>
Results	Decreases in arsenic and nitrate levels in new wells	1% of new wells exceed the Nitrate standard. 11% of new wells exceed the Arsenic standard	50% reduction in both by 2034	FY 20/21 FY 22/23

Health

FY 2022-23 Biennial Budget Change Item

Change Item Title: Clean Water Legacy – Drinking Water Protection

Fiscal Impact (\$000s)	FY 2022	FY 2023	FY 2024	FY 2025
Clean Water Fund				
Expenditures	250	250	0	0
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	250	250	0	0
FTEs	0.5	0.5	0	0

Recommendation:

The governor recommends a clean water fund investment in fiscal year 2022-2023 in strategic planning and policy development that will protect Minnesota’s drinking water from new threats and challenges. The activities proposed include completion and implementation of the statewide, multi-agency Protecting Minnesota’s Drinking Water plan; policy development focused on emerging threats; and follow up on select recommendations from the University of Minnesota’s Future of Drinking Water report.

There is no ongoing base appropriation in the clean water fund and amounts must be requested each budget cycle. The recommended level is the same as the amount appropriated in the 2020-2021 biennium for this activity.

Rationale/Background:

Safe, sufficient, and affordable drinking water is an essential contribution to the department’s mission to protect, maintain, and improve the health of all Minnesotans. People who drink from private wells do not have the same protections as those who drink from more highly regulated public water supplies. Yet even for public water systems, new threats that are not addressed by the federal Safe Drinking Water Act are increasing in recent years. New contaminants, expanded knowledge about health effects, aging infrastructure, and workforce shortages all threaten the safety of Minnesota’s drinking water. This initiative engages the water agencies, state and national experts, and local partners to complete an action plan and develop policies that go beyond current regulatory requirements to address emerging threats and ensure long-term, safe, and sufficient drinking water in Minnesota.

Proposal:

Minnesotans expect to be able to go anywhere in the state and be confident that the water they drink is safe. However, current federal and state regulations no longer provide adequate health protection for customers of public water systems and users of private wells. The Protecting Minnesota’s Drinking Water initiative will support the department’s completion and implementation of an actionable state drinking water plan to protect against new threats that endanger safe drinking water for everyone everywhere in Minnesota. In response to mounting threats, this initiative will develop specific activities and policies that address technological, behavioral, economic, and social factors that either protect or threaten drinking water. In addition, this initiative will focus on implementation of select recommendations from the University of Minnesota’s Future of Drinking Water report that will prepare both public and private well supplies to adapt to an uncertain future.

A multi-agency team comprised of the water agencies in the executive branch along with the Metropolitan Council will complete the plan, including incorporation of diverse stakeholder voices. As recommended by the

University of Minnesota report, the team will use a modified Governance Assessment framework to systematically evaluate the integration of drinking water protection actions across agencies and partnerships against twelve specific criteria of good water governance. This criteria is grouped into three broad areas: 1) effectiveness of governance and management; 2) efficiency of implementation and delivery, and; 3) and trust in the system as well as inclusion of diverse interests. The department will design a structured approach to periodic review and assessment of plan progress with defined actions, timelines, measures, and milestones, as well as explore ways to be more transparent including engaging a broader, more diverse audience in decision-making and communication.

Impact on Children and Families:

Access to plentiful supply of safe and affordable drinking water is key to healthy children, families, and vibrant communities.

Equity and Inclusion:

The state Drinking Water plan will include a health equity analysis and policy options for ensuring equitable access to safe drinking water through public and private water supplies. Initial concerns include:

- Many 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 well, but often lack technical understanding or financial 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:

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Current</i>	<i>Future</i>	<i>Dates</i>
Quantity	Develop list and cost benefit analysis for actions aimed at reducing lead in drinking water	Complete	N/A	FY 20-21 FY 22-23
Quality	Recommendations from the University of Minnesota Drinking Water report that are being incorporated into programmatic work	0	2	FY 20-21 FY 22-23
Quantity	Development of a Statewide Drinking Water Protection plan with specific action items, timeline, and milestones	0	1	FY 20-21 FY 22-23
Quality	Develop policy analysis of risk management options for federally unregulated contaminants	0	1	FY 20-21 FY 22-23

Health

FY 2022-23 Biennial Budget Change Item

Change Item Title: Home Visiting Grants Rightsizing

Fiscal Impact (\$000s)	FY 2022	FY 2023	FY 2024	FY 2025
General Fund				
Expenditures	(400)	(400)	(400)	(400)
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	(400)	(400)	(400)	(400)
FTEs	0	0	0	0

Recommendation:

The governor recommends a reduction to the department's Nurse Family Partnership grants in order to right size the program.

Rationale/Background:

The Nurse Family Partnership grant funding was appropriated in 2015, followed by legislation in 2017 that allocated funding for the state Evidence Based Home Visiting grants. Nurse Family Partnership is one of seven evidence-based models currently supported through other state and federal grants. Currently, the Nurse Family Partnership grant supports five local public health grantees. With the increase in Medicaid reimbursement for nurse home visits beginning in January 2018, there has been underspending of grant funds.

Proposal:

This proposal reduces the Nurse Family Partnership grants by \$400,000, or 20% of the grant's base amount, beginning in fiscal year 2022, resulting in a decrease of either the number of local public health grantees who currently receive funding or the amount of the award for current grantees. These grantees are also currently receiving or are eligible to apply for Evidence Based Home Visiting grants.

Impact on Children and Families:

Given the pattern of underspending of implementing agencies, we believe there will be minimal overall impact to services provided to children and families.

Equity and Inclusion:

Negative impacts on equity and inclusion are limited because the Nurse Family Partnership model itself, has limited application and implementation in diverse communities who are choosing Family Home Visiting models that allow greater flexibilities in the workforce and the families they can serve.

Health

FY 2022-23 Biennial Budget Change Item

Change Item Title: Fetal Alcohol Syndrome Grants Reduction

Fiscal Impact (\$000s)	FY 2022	FY 2023	FY 2024	FY 2025
General Fund				
Expenditures	(117)	(117)	(117)	(117)
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	(117)	(117)	(117)	(117)
FTEs	0	0	0	0

Recommendation:

The governor recommends a reduction to the department's Fetal Alcohol Syndrome grants in order to right size the program.

Rationale/Background:

In the late 1990s, the Minnesota Legislature appropriated funds to the department to reduce and respond to fetal alcohol syndrome disorder in the state through assessment, professional education and training, a media campaign, and community and coalition involvement. The intent of these funds is prevention of fetal alcohol syndrome disorder and improvement in the quality of life of those affected by the spectrum of disorders through family support activities, public awareness, and community grants to build capacity and incorporate culturally relevant best practices, professional education and screening and diagnostic capacity building services. Since fiscal year 2010, underspending of grant funds has ranged from 10-25% of their total award.

Proposal:

The proposed general fund reduction for the Fetal Alcohol Syndrome Disorder grant is \$117,000 per year beginning in fiscal year 2022. The current annual base appropriation for this activity is \$2,000,000. Recommended grant base funding will be \$1,883,000 per year beginning in fiscal year 2022.

Impact on Children and Families:

Given the grantee's historic underspending, services and subcontracts for Fetal Alcohol Syndrome Disorder support and education in Minnesota will be minimally impacted.

Equity and Inclusion:

People with fetal alcohol syndrome disorder experience a reduced life expectancy of 34 years old and the disorder impacts persons of all races and cultures with prevalence rates of 0.3 per 1,000 children ages 7-9. Higher rates of 2 per 1,000 are seen in American Indian/Alaska Native children. Negative impacts to prevalence rates or life expectancy are not anticipated with this budget reduction.

Health

FY 2022-23 Biennial Budget Change Item

Change Item Title: e-Health Initiative Reduction

Fiscal Impact (\$000s)	FY 2022	FY 2023	FY 2024	FY 2025
General Fund				
Expenditures	(97)	(97)	(97)	(97)
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	(97)	(97)	(97)	(97)
FTEs	(0.85)	(0.85)	(0.85)	(0.85)

Recommendation:

The governor recommends eliminating a staff position that supports the work of the Minnesota e-Health Initiative due to the changes in reporting requirements.

Rationale/Background:

The Minnesota e-Health Initiative is a public-private collaborative created to advance the adoption and use of health information technology and health information exchange. The work of this initiative has evolved since its inception in 2004, with the advent of national monitoring and standards as well as significant increase in the complexity, and use of, e-health technology by health care systems as a means of sharing information and managing care. The role is changing from development and consensus building to implementation under a state and national framework.

This has been important consensus-driven work during an era of rapid technological change in the health care industry, and has helped guide the department as it grapples with COVID-related data challenges. The initiative has worked broadly across a wide range of health providers including long-term and post-acute care, mental health care, local public health, and social supports and services, enabling coordination and alignment of access to health information technology tools and the opportunity to safely and securely collect, use, and share health information to optimize patient outcomes.

Proposal:

The proposal reduces the general fund appropriation by \$97,000 beginning in fiscal year 2022 and each year thereafter. The department will eliminate 0.85 full-time equivalent staff that supports the e-Health Initiative. MDH can manage this reduction in large part due to now-expired federal requirements from the Health Information Technology for Economic and Clinical Health Act of 2009. In addition, MDH will adjust the following workload: reduce the number of advisory committee meetings each year; limit the management of subject-specific workgroups; eliminate an annual report requirement; and selectively limit coordinating Minnesota input to federal rulemaking related to health information technology. Other sources of state funding enable MDH to continue a pared-back version of the work.

Equity and Inclusion:

This proposal has no direct impact on equity and inclusion. Indirectly, the e-Health Initiative has worked to ensure that the voice of marginalized populations is recognized and that their circumstances are included in the development of technical standards and processes. Examples include promoting standards for multiple race and/or granular ethnicity identification and the need to capture sexual orientation and gender identity in health records.

Health

FY 2022-23 Biennial Budget Change Item

Change Item Title: Medical Education and Research Cost Formula Grants Reduction

Fiscal Impact (\$000s)	FY 2022	FY 2023	FY 2024	FY 2025
General Fund				
Expenditures	(1,000)	(1,000)	(1,000)	(1,000)
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	(1,000)	(1,000)	(1,000)	(1,000)
FTEs	0	0	0	0

Recommendation:

The governor recommends a reduction in the general fund contribution to the Medical Education and Research Cost (MERC) formula distribution grants by \$1,000,000.

Rationale/Background:

The MERC formula distribution is authorized by Minnesota Statutes, section 62J.692. The legislature provided a \$1 million general fund appropriation rider in the Laws of 2015, chapter 71, for MERC formula distribution. The formula distribution has a base appropriation of \$57.13 million from the MERC fund, \$1 million from the general fund, and \$1 million from the health care access fund. This reduction represents a 1.7% decrease to the formula distribution overall.

Proposal:

The proposal reduces a general fund appropriation for the MERC formula grant by \$1,000,000. Fewer funds will be available to support clinical experience for health care students, trainees, and medical residents.

Impact on Children and Families:

The reduction will reduce funds that support clinical training for health care students and trainees at facilities that provide services to patients, including children and families, on medical assistance.

Equity and Inclusion:

The reduction will reduce funds that support clinical training for health care students and trainees at facilities that provide services to patients on medical assistance.

Program: Health Improvement

<https://www.health.state.mn.us/about/org/index.html>

AT A GLANCE

Budget activities:

- Child and Family Health
- Health Promotion and Chronic Disease
- Community Health
- Health Policy
- Medical Cannabis

PURPOSE AND 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 are described in the following pages. The fiscal page for Health Improvement reflects a summation of activities under this budget program area.

Health Improvement

Program Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base		Governor's Recommendation	
					FY22	FY23	FY22	FY23
<u>Expenditures by Fund</u>								
1000 - General	76,034	79,949	90,674	100,761	96,359	96,329	95,642	95,829
1100 - Medical Education & Research	79,006	79,085	79,306	79,028	78,991	78,991	78,991	78,991
1200 - State Government Special Rev	6,261	6,255	8,352	8,930	8,930	8,930	9,140	9,140
1250 - Health Care Response			40,253	100,205				
1251 - COVID-19 Minnesota			103,034	7,278				
2000 - Restrict Misc Special Revenue	4,084	2,758	3,025	3,178	2,697	2,578	2,697	2,578
2001 - Other Misc Special Revenue	1,840	1,484	51,658	1,319	1,061	1,061	1,061	1,061
2360 - Health Care Access	35,640	37,179	35,180	42,834	37,512	36,832	37,512	36,832
2403 - Gift	24	18	4	50	6	6	6	6
2800 - Environmental	457	620	310	714	512	512	512	512
3000 - Federal	191,186	176,737	169,065	212,530	322,610	190,566	322,610	190,566
3001 - Federal TANF	11,282	12,510	10,503	11,713	11,713	11,713	11,713	11,713
3010 - Coronavirus Relief			24,112	231,429				
Total	405,814	396,593	615,476	799,969	560,391	427,518	559,884	427,228
Biennial Change				613,038		(427,536)		(428,333)
Biennial % Change				76		(30)		(30)
Governor's Change from Base								(797)
Governor's % Change from Base								(0)

Expenditures by Activity

Child & Family Health	176,294	171,994	165,690	201,757	190,815	189,817	191,236	190,302
Health Promo & Chronic Disease	30,958	31,502	43,448	43,005	41,691	41,572	41,843	41,809
Community Health	73,068	71,331	196,165	326,376	203,584	72,538	203,659	72,656
Health Policy	123,756	119,938	207,824	225,576	121,559	120,849	120,402	119,717
Medical Cannabis	1,738	1,829	2,350	3,255	2,742	2,742	2,744	2,744
Total	405,814	396,593	615,476	799,969	560,391	427,518	559,884	427,228

Expenditures by Category

Compensation	46,863	48,084	56,262	80,479	54,926	54,585	55,402	55,265
Operating Expenses	33,393	33,417	152,333	251,075	166,849	35,070	167,383	35,617
Grants, Aids and Subsidies	325,557	315,080	406,867	468,415	338,616	337,863	337,099	336,346
Capital Outlay-Real Property	1		12					

Health Improvement

Program Expenditure Overview

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY18	FY19	FY20	FY21	FY22	FY23	FY22	FY23
Other Financial Transaction	0	12	3					
Total	405,814	396,593	615,476	799,969	560,391	427,518	559,884	427,228

Total Agency Expenditures	405,814	396,593	615,476	799,969	560,391	427,518	559,884	427,228
Internal Billing Expenditures	11,299	12,049	11,634	13,982	13,531	13,164	13,621	13,254
Expenditures Less Internal Billing	394,515	384,545	603,842	785,987	546,860	414,354	546,263	413,974

<u>Full-Time Equivalents</u>	482.35	482.69	485.50	759.68	518.72	515.49	521.47	518.07
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Health Improvement

Program Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base		Governor's Recommendation	
					FY22	FY23	FY22	FY23
1000 - General								
Balance Forward In	7	2,896	77	5,608				
Direct Appropriation	81,438	78,100	96,268	95,462	96,407	96,377	95,690	95,877
Transfers In	251	1,030	355	245				
Transfers Out	2,777	1,317	391	554	48	48	48	48
Cancellations	48	758	27					
Balance Forward Out	2,837	2	5,608					
Expenditures	76,034	79,949	90,674	100,761	96,359	96,329	95,642	95,829
Biennial Change in Expenditures				35,452		1,253		36
Biennial % Change in Expenditures				23		1		0
Governor's Change from Base								(1,217)
Governor's % Change from Base								(1)
Full-Time Equivalents	76.76	90.92	77.28	104.60	104.13	104.13	106.78	106.61

1100 - Medical Education & Research

Balance Forward In	651	636	529	213				
Receipts	78,991	78,991	78,991	78,991	78,991	78,991	78,991	78,991
Transfers In	157	150	150	150	150	150	150	150
Transfers Out	157	162	150	150	150	150	150	150
Cancellations				176				
Balance Forward Out	635	528	213					
Expenditures	79,006	79,085	79,306	79,028	78,991	78,991	78,991	78,991
Biennial Change in Expenditures				243		(352)		(352)
Biennial % Change in Expenditures				0		(0)		(0)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	1.35	1.63	2.03	1.45	1.16	1.16	1.16	1.16

1200 - State Government Special Rev

Balance Forward In	28	177		634				
Direct Appropriation	6,215	6,196	7,614	6,924	9,007	9,007	9,140	9,140
Transfers In	442	118	1,449	1,449				
Transfers Out	324		77	77	77	77	0	0
Cancellations		236						

Health Improvement

Program Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY18	FY19	FY20	FY21	FY22	FY23	FY22	FY23
Balance Forward Out	100		634					
Expenditures	6,261	6,255	8,352	8,930	8,930	8,930	9,140	9,140
Biennial Change in Expenditures				4,766		578		998
Biennial % Change in Expenditures				38		3		6
Governor's Change from Base								420
Governor's % Change from Base								2
Full-Time Equivalents	50.11	46.34	53.76	54.96	54.96	54.96	55.06	55.06

1250 - Health Care Response

Balance Forward In				92,273				
Direct Appropriation			132,526	7,932	0	0	0	0
Balance Forward Out			92,273					
Expenditures			40,253	100,205				
Biennial Change in Expenditures				140,458		(140,458)		(140,458)
Biennial % Change in Expenditures						(100)		(100)
Governor's Change from Base								0
Governor's % Change from Base								
Full-Time Equivalents				3.20				

1251 - COVID-19 Minnesota

Balance Forward In				5,890				
Direct Appropriation			108,924	1,388	0	0	0	0
Balance Forward Out			5,890					
Expenditures			103,034	7,278				
Biennial Change in Expenditures				110,312		(110,312)		(110,312)
Biennial % Change in Expenditures						(100)		(100)
Governor's Change from Base								0
Governor's % Change from Base								
Full-Time Equivalents				6.67				

2000 - Restrict Misc Special Revenue

Balance Forward In	7,091	5,954	5,653	5,290	4,699	4,594	4,699	4,594
Receipts	1,351	1,160	1,374	1,276	1,281	1,162	1,281	1,162

Health Improvement

Program Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY18	FY19	FY20	FY21	FY22	FY23	FY22	FY23
Transfers In	1,440	997	1,021	1,061	1,061	1,061	1,061	1,061
Transfers Out		65						
Net Loan Activity	(44)	239	271	250	250	250	250	250
Balance Forward Out	5,753	5,527	5,294	4,699	4,594	4,489	4,594	4,489
Expenditures	4,084	2,758	3,025	3,178	2,697	2,578	2,697	2,578
Biennial Change in Expenditures				(639)		(928)		(928)
Biennial % Change in Expenditures				(9)		(15)		(15)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	10.18	7.33	6.71	7.51	6.04	6.03	6.04	6.03

2001 - Other Misc Special Revenue

Balance Forward In	2,274	2,119	2,311	2,157	1,533	1,217	1,533	1,217
Receipts	928	879	728	736	745	745	745	745
Transfers In	666	666	50,800					
Transfers Out			24					
Cancellations				41				
Balance Forward Out	2,028	2,181	2,157	1,533	1,217	901	1,217	901
Expenditures	1,840	1,484	51,658	1,319	1,061	1,061	1,061	1,061
Biennial Change in Expenditures				49,653		(50,855)		(50,855)
Biennial % Change in Expenditures				1,494		(96)		(96)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	9.90	10.97	10.41	3.31	3.31	3.31	3.31	3.31

2360 - Health Care Access

Balance Forward In	3,904	5,705	3,799	5,866				
Direct Appropriation	36,643	36,258	37,285	36,968	37,512	36,832	37,512	36,832
Open Appropriation	98							
Transfers In		2,921	182					
Transfers Out	67	3,690	182					
Cancellations	15	493	39					
Balance Forward Out	4,923	3,522	5,865					

Health Improvement

Program Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY18	FY19	FY20	FY21	FY22	FY23	FY22	FY23
Expenditures	35,640	37,179	35,180	42,834	37,512	36,832	37,512	36,832
Biennial Change in Expenditures				5,196		(3,670)		(3,670)
Biennial % Change in Expenditures				7		(5)		(5)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	65.68	70.73	65.21	79.15	79.15	78.66	79.15	78.66

2403 - Gift

Balance Forward In	79	57	41	44				
Receipts	2	2	6	6	6	6	6	6
Balance Forward Out	57	41	44					
Expenditures	24	18	4	50	6	6	6	6
Biennial Change in Expenditures				12		(42)		(42)
Biennial % Change in Expenditures				30		(78)		(78)
Governor's Change from Base								0
Governor's % Change from Base								0

2800 - Environmental

Balance Forward In		110		202				
Transfers In	512	512	512	512	512	512	512	512
Cancellations		2						
Balance Forward Out	55		202					
Expenditures	457	620	310	714	512	512	512	512
Biennial Change in Expenditures				(53)		0		0
Biennial % Change in Expenditures				(5)		(0)		(0)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	2.50	2.67	1.32	2.58	2.58	2.58	2.58	2.58

3000 - Federal

Balance Forward In	182	58	360	2,203	50	41	50	41
Receipts	191,190	177,710	170,908	210,377	322,601	190,557	322,601	190,557
Balance Forward Out	187	1,031	2,203	50	41	32	41	32

Health Improvement

Program Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY18	FY19	FY20	FY21	FY22	FY23	FY22	FY23
Expenditures	191,186	176,737	169,065	212,530	322,610	190,566	322,610	190,566
Biennial Change in Expenditures				13,672		131,581		131,581
Biennial % Change in Expenditures				4		34		34
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	263.76	249.74	266.36	294.54	263.98	261.25	263.98	261.25

3001 - Federal TANF

Balance Forward In			0					
Receipts	11,282	12,510	10,503	11,713	11,713	11,713	11,713	11,713
Expenditures	11,282	12,510	10,503	11,713	11,713	11,713	11,713	11,713
Biennial Change in Expenditures				(1,576)		1,210		1,210
Biennial % Change in Expenditures				(7)		5		5
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	2.11	2.36	2.32	3.41	3.41	3.41	3.41	3.41

3010 - Coronavirus Relief

Balance Forward In				50,139				
Direct Appropriation			75,195	181,290	0	0	0	0
Cancellations			944					
Balance Forward Out			50,138					
Expenditures			24,112	231,429				
Biennial Change in Expenditures				255,541		(255,541)		(255,541)
Biennial % Change in Expenditures						(100)		(100)
Governor's Change from Base								0
Governor's % Change from Base								
Full-Time Equivalents			0.10	198.30				

6000 - Miscellaneous Agency

Balance Forward In				15				
Receipts	67	67	76	67	67	67	67	67
Transfers Out	67	52	91	67	67	67	67	67

Health Improvement

Program Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY18	FY19	FY20	FY21	FY22	FY23	FY22	FY23
Balance Forward Out		15						

Program: Health Improvement

Activity: Child and Family Health

health.state.mn.us/about/org/cfh/index.html

AT A GLANCE

- Nutrition services for over 162,000 pregnant women, infants, and young children.
- Breastfeeding peer counseling services for over 9,000 women.
- Family planning counseling services for more than 41,000 low-income or high-risk individuals.
- Home visiting services for more than 14,000 at-risk families.
- Over 21,000 families receiving periodic screening, guidance on early childhood developmental and social emotional milestones, and referral to assessment/evaluation and community services.
- Bereavement support services for 405 families experiencing an infant death, with 165 referred for ongoing support services.
- Evidence-based curriculum for teen pregnancy prevention reaching 3,500 high-risk teens and 535 parents.

PURPOSE & CONTEXT

Health outcomes for people are greatly influenced by factors of their early-life experiences, including housing stability, food security, health care access, and family and community safety. Our activities improve long-term health outcomes by supporting Minnesota's children and families. Services focus on populations experiencing the greatest disparities in health outcomes, including: families living in poverty, families of color, American Indian families, and children and adolescents with special health care needs.

In our work, we advance factors that predict a child's lifelong success:

- Being born healthy.
- Supporting a safe, stable, and nurturing environment for families.
- Accessing adequate nutrition.
- Identifying issues early, including health, developmental, or social-emotional problems, with appropriate intervention.
- Avoiding unintended pregnancy.
- Abstaining from substance use.
- Graduating from high school.

SERVICES PROVIDED

- **Improve the health of women so that babies are born healthy and address racial/ethnic and socioeconomic disparities in maternal and infant health.** Our 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. Along with health care providers and systems, we address issues that negatively impact birth outcomes such as opioid use; promote infant mortality reduction through robust safe sleep activities; and coordinate the maternal mortality review committee to identify issues that underlie maternal deaths. We also manage the Women Infant Children (WIC) Supplemental Nutrition program that improves the health and nutritional status of pregnant and postpartum women, infants, and young

children through breastfeeding resources and support, connection to community services, and food supports.

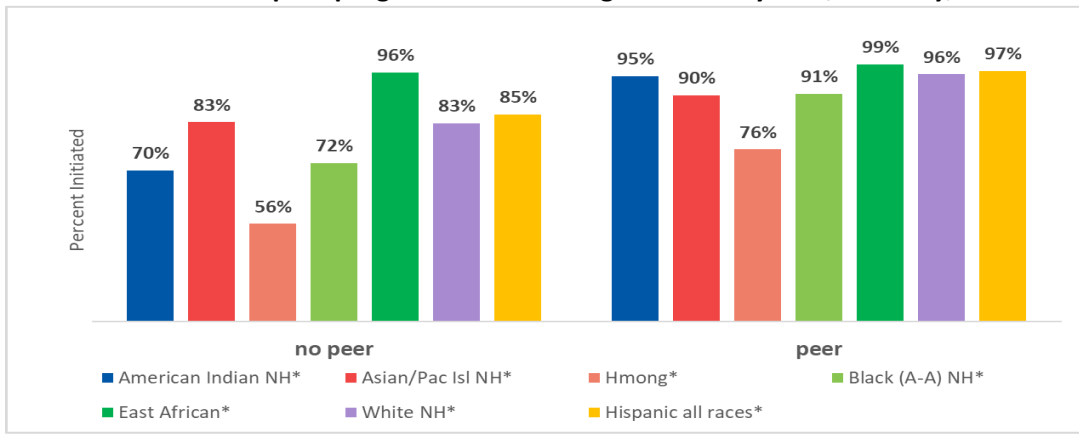
- **Increase the proportion of planned pregnancies, so families are better prepared to raise a child.** We provide pre-pregnancy family planning grants to reproductive health providers to ensure that family planning services are available to low-income and high-risk individuals across the state.
- **Improve equitable access and outcomes for early identification and services, which address both developmental and behavioral health, as well as social determinants of health.** Our Help Me Connect program is a newly developed, one-stop option available in the fall of 2020 to help families and referring providers more easily find and connect to a wide range of prenatal and early childhood (birth through 8 years) services that support healthy child development and family well-being, including basic needs.
- **Support families at risk for child abuse and neglect, poor health, and poor school performance.** Our Family Home Visiting program provides consultation, training, and grants management to our grantees across the state. 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.
- **Assure early childhood screening so that children receive services and support for school readiness and success.** Our Children and Youth with Special Health Needs program provides trainings and grants to local public health agencies so that infants and children receive early and ongoing screening, intervention, and follow-up services. We launched an electronic screening pilot with 10 local public health departments in 2020. Our Family Home Visiting program screens and refers children to appropriate services. Our Maternal and Child Health program develops and trains health care providers on screening protocols. Research shows that early intervention has long lasting and substantial gains in outcomes such as school performance, high school graduation rates, employment, and ultimately decreased reliance on public programs.
- **Help children and youth with special health care needs reach their full potential.** Our 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 early to public health, primary and specialty care, and community resources.
- **Support adolescents and their families so adolescents are successful in school, avoid unintended pregnancies and become healthy, self-reliant adults.** Our Maternal and Child Health program offers teen pregnancy prevention and parent education grants to local public health, schools, and community-based providers; trains communities to support parents and their teen children in developing healthy relationships and behaviors; facilitates the Minnesota Partnership for Adolescent Health; trains pediatric providers, school nurses, and other youth providers in best practices in adolescent health; and supports programs that focus on populations experiencing the greatest disparities in teen births, HIV/AIDS, and sexually-transmitted infections.

RESULTS

Breastfeeding

Breastfed babies are less likely to suffer from serious illnesses, such as asthma, gastrointestinal disease, and ear infections. Our Family Home Visiting program promotes and supports breastfeeding through training and referrals to WIC and peer breastfeeding support. The WIC program serves approximately 40% of infants born in Minnesota, and promotes breastfeeding, including a peer breastfeeding support program. Infants breastfed for six months or longer have significantly better health outcomes than infants breastfed for less than six months. The WIC Peer Breastfeeding Support program seeks to increase the breastfeeding rate among all ethnic groups. WIC mothers who received peer services showed increased initiation rates across all ethnicities and race.

Minnesota WIC peer program breastfeeding initiation by race/ethnicity, 2018



Source: Minnesota Special Supplemental Nutrition Program for Women, Infant, and Children (WIC)

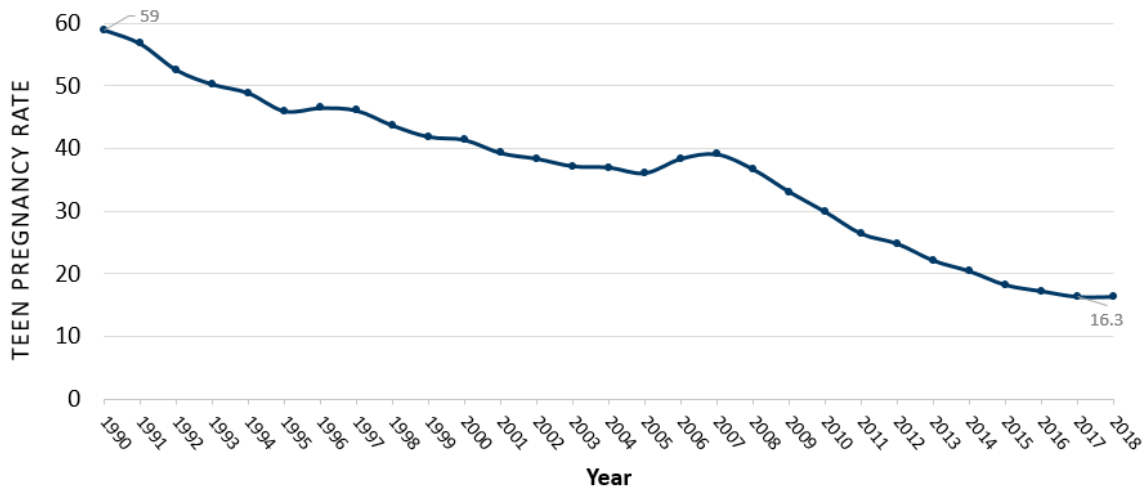
Infant Mortality

Minnesota’s infant mortality rate has declined by 39% since 1990, from a high of 7.2 deaths per 1,000 live births to 4.4 in 2017. Despite Minnesota’s favorable infant mortality rate and ranking, there remains substantial variation by race and ethnicity due to systemic racism and the impact of social determinants of health.

Adolescent Health

Recent efforts to improve the well-being of adolescents in the state have led to reductions in the teen pregnancy rate and higher engagement with youth in programmatic decision making. Minnesota has achieved a 72% decrease in the number of teen pregnancies in the last 18 years but disparities persist in teen pregnancy rates by poverty, race and ethnicity, and geography. The birth rate for American Indian and Latinx teens is four times higher than rate of white teens. African American teens have a rate three times higher, and Asian Americans have a rate two times higher, than the rate of white teens. Rural counties experience higher birth rates than metro areas.

Minnesota teen pregnancy rate, 1990 to 2018

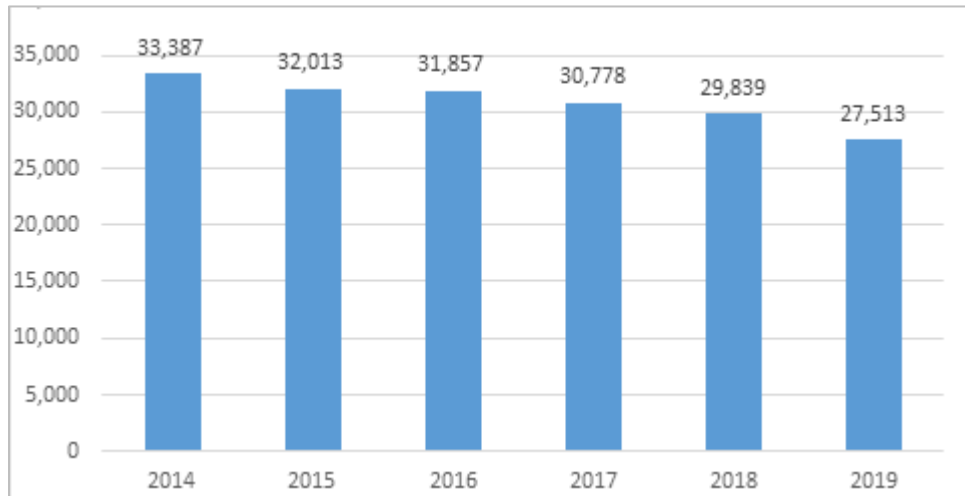


Source: Minnesota Center of Health Statistics

Early Identification

Our Follow-Along program is a screening program that helps parents through local public health agencies track a young child’s physical and social-emotional development through age-appropriate screenings and referrals as needed for early intervention. Since 2014, we have seen a steady drop in the number of developmental screenings reported through the Follow-Along program, as school districts and clinics increase the number of children they screen. We have been working with the Department of Education and health systems to assure that there is not duplication of early childhood screening efforts.

Number of screenings completed in Follow-Along program per year

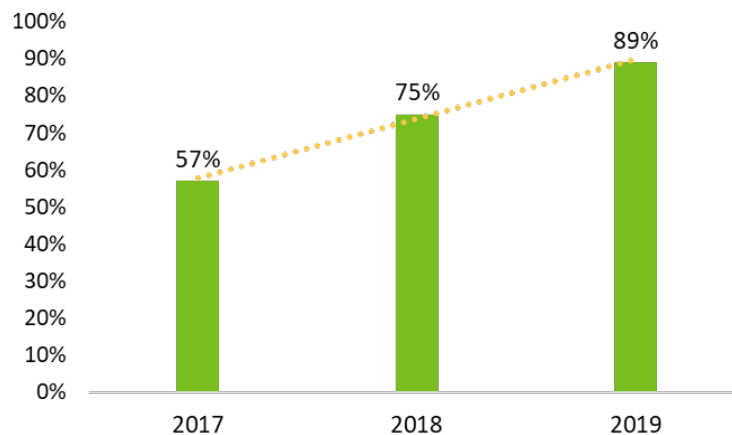


Source: Minnesota Follow Along program

Family Home Visiting

Family Home Visiting is a voluntary, preventive intervention that supports pregnant women and families with young children through evidence based models. Outcomes include positive pregnancy outcomes, improvements in school readiness, child abuse prevention, and family self-sufficiency. Both family income and parental education levels are positively associated with children’s developmental outcomes. Family Home Visiting assesses readiness to go to school or get a graduate equivalency degree (GED), helps caregivers make a plan to continue their education, and refers people to programs that can provide support and work with their schedules.

Percent of family home visiting caregivers aged 19+ who did not have a high school diploma at intake and completed high school or GED at the end of the year

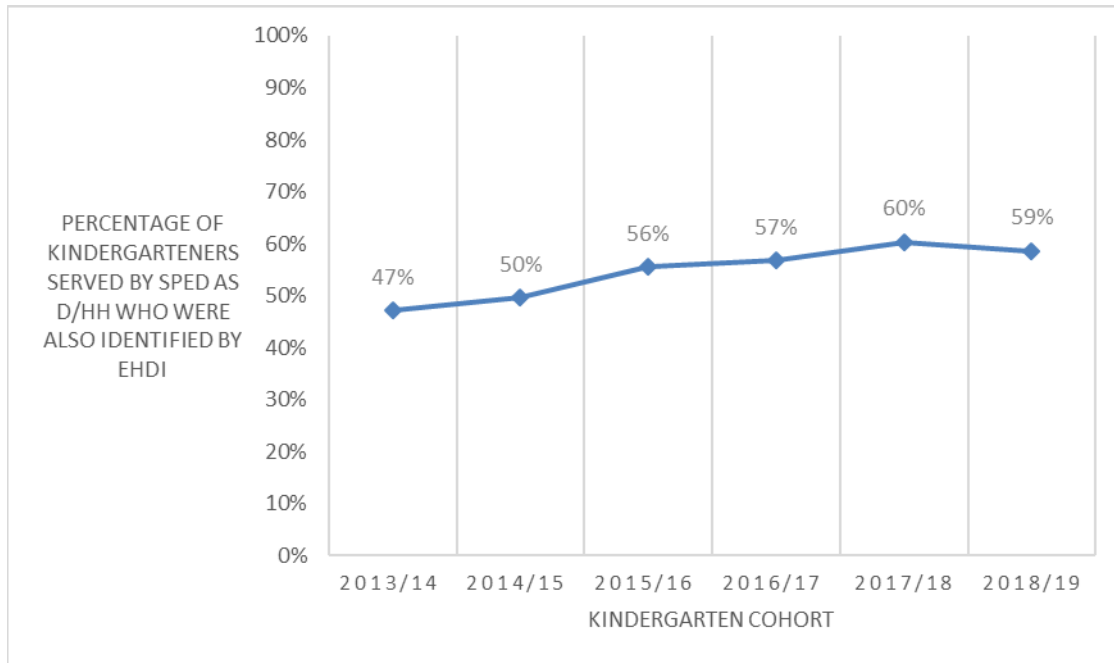


Source: Minnesota Family Home Visiting program

Early Hearing Detection and Intervention

Annually approximately 250 infants and children in Minnesota are identified as deaf or hard of hearing. Our Early Hearing Detection and Intervention program serves all children who are deaf and hard of hearing and builds a system of care to ensure that they receive appropriate and timely services. Without early detection and intervention, children with hearing loss often experience delayed development in language and learning. The percent of kindergarteners with a hearing loss identified through our program is increasing over time.

Percent of kindergarteners served by special education as deaf/hard of hearing who were identified by our Early Hearing Detection and Intervention program



Source: Minnesota Early Childhood Longitudinal Data System

STATUTES

M.S. 144.2215 Minnesota Birth Defects Information System (<https://www.revisor.mn.gov/statutes/?id=144.2215>)

M.S. 144.574 Dangers of Shaking Infants and Young Children (<https://www.revisor.mn.gov/statutes/?id=144.574>)

M.S. 144.966 Early Hearing Detection and Intervention Program

(<https://www.revisor.mn.gov/statutes/?id=144.966>)

M.S. 145.4235 Positive Abortion Alternatives Program

(<https://www.revisor.leg.state.mn.us/statutes/?id=145.4235>)

M.S. 145.4243 Woman's Right to Know Printed Information (<https://www.revisor.mn.gov/statutes/?id=145.4243>)

M.S. 145.88 Maternal and Child Health (<https://www.revisor.mn.gov/statutes/?id=145.88>)

M.S. 145.891 Maternal and Child Health Nutrition Act of 1975

(<https://www.revisor.mn.gov/statutes/?id=145.891>)

M.S. 145.898 Sudden Infant Death (<https://www.revisor.mn.gov/statutes/?id=145.898>)

M.S. 145.899 WIC Vouchers for Organics (<https://www.revisor.mn.gov/statutes/?id=145.899>)

M.S. 145.901 Maternal Death Studies (<https://www.revisor.mn.gov/statutes/?id=145.901>)

M.S. 145.905 Location for Breast-Feeding (<https://www.revisor.mn.gov/statutes/?id=145.905>)

M.S. 145.906 Postpartum Depression Education and Information

(<https://www.revisor.mn.gov/statutes/?id=145.906>)

- M.S. 145.925 Family Planning Grants (<https://www.revisor.mn.gov/statutes/?id=145.925>)
- M.S. 145.9255 Minnesota Education Now and Babies Later (<https://www.revisor.mn.gov/statutes/?id=145.9255>)
- M.S. 145.9261 Abstinence Education Grant Program (<https://www.revisor.mn.gov/statutes/?id=145.9261>)
- M.S. 145.9265 Fetal Alcohol Syndrome Effects; Drug Exposed Infant
(<https://www.revisor.mn.gov/statutes/?id=145.9265>)
- M.S. 145A.17 Family Home Visiting Program (<https://www.revisor.mn.gov/statutes/?id=145A.17>)

Child & Family Health

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base		Governor's Recommendation	
					FY22	FY23	FY22	FY23
<u>Expenditures by Fund</u>								
1000 - General	22,157	23,701	32,588	34,755	33,649	33,649	33,755	33,819
1200 - State Government Special Rev	1,145	1,109	1,058	1,169	1,169	1,169	1,484	1,484
2000 - Restrict Misc Special Revenue	29	6	6	5	5	5	5	5
2001 - Other Misc Special Revenue	23	23	56	41	20	20	20	20
2403 - Gift	2	0		2	1	1	1	1
3000 - Federal	143,657	136,701	123,160	156,072	146,258	145,260	146,258	145,260
3001 - Federal TANF	9,282	10,454	8,823	9,713	9,713	9,713	9,713	9,713
Total	176,294	171,994	165,690	201,757	190,815	189,817	191,236	190,302
Biennial Change				19,158		13,185		14,091
Biennial % Change				6		4		4
Governor's Change from Base								906
Governor's % Change from Base								0
<u>Expenditures by Category</u>								
Compensation	10,818	11,309	10,957	12,803	12,474	12,291	12,980	12,848
Operating Expenses	10,077	11,870	9,572	11,662	10,224	9,409	10,656	9,854
Grants, Aids and Subsidies	155,399	148,813	145,159	177,292	168,117	168,117	167,600	167,600
Other Financial Transaction		2	2					
Total	176,294	171,994	165,690	201,757	190,815	189,817	191,236	190,302
Total Agency Expenditures	176,294	171,994	165,690	201,757	190,815	189,817	191,236	190,302
Internal Billing Expenditures	3,030	3,807	3,260	3,868	3,795	3,624	3,885	3,714
Expenditures Less Internal Billing	173,264	168,187	162,429	197,889	187,020	186,193	187,351	186,588
<u>Full-Time Equivalent</u>	108.09	110.09	105.37	120.79	117.65	115.91	122.15	120.24

Child & Family Health

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base		Governor's Recommendation	
					FY22	FY23	FY22	FY23
1000 - General								
Balance Forward In		895		1,106				
Direct Appropriation	23,030	23,096	33,599	33,649	33,649	33,649	33,755	33,819
Transfers In	51	790	110					
Transfers Out	37	776						
Cancellations	8	304	15					
Balance Forward Out	880		1,106					
Expenditures	22,157	23,701	32,588	34,755	33,649	33,649	33,755	33,819
Biennial Change in Expenditures				21,485		(45)		231
Biennial % Change in Expenditures				47		(0)		0
Governor's Change from Base								276
Governor's % Change from Base								0
Full-Time Equivalents	23.18	25.23	22.66	30.75	30.75	30.75	34.25	34.08

1200 - State Government Special Rev

Balance Forward In		14		101				
Direct Appropriation	1,033	1,035	1,159	1,068	1,169	1,169	1,484	1,484
Transfers In	118	118						
Cancellations		58						
Balance Forward Out	6		101					
Expenditures	1,145	1,109	1,058	1,169	1,169	1,169	1,484	1,484
Biennial Change in Expenditures				(27)		111		741
Biennial % Change in Expenditures				(1)		5		33
Governor's Change from Base								630
Governor's % Change from Base								27
Full-Time Equivalents	6.52	6.02	5.28	7.08	7.08	7.08	8.08	8.08

2000 - Restrict Misc Special Revenue

Balance Forward In	29	6	6					
Receipts	6	6		5	5	5	5	5
Balance Forward Out	6	6						
Expenditures	29	6	6	5	5	5	5	5
Biennial Change in Expenditures				(24)		(1)		(1)
Biennial % Change in Expenditures				(69)		(7)		(7)

Child & Family Health

Activity Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY18	FY19	FY20	FY21	FY22	FY23	FY22	FY23
Governor's Change from Base								0
Governor's % Change from Base								0

2001 - Other Misc Special Revenue

Balance Forward In	20	26	27	21				
Receipts	28	23	50	20	20	20	20	20
Balance Forward Out	26	26	21					
Expenditures	23	23	56	41	20	20	20	20
Biennial Change in Expenditures				52		(57)		(57)
Biennial % Change in Expenditures				114		(59)		(59)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	0.02							

2403 - Gift

Balance Forward In	3	1	1	1				
Receipts		0		1	1	1	1	1
Balance Forward Out	1	1	1					
Expenditures	2	0		2	1	1	1	1
Biennial Change in Expenditures				(1)		0		0
Biennial % Change in Expenditures				(22)				
Governor's Change from Base								0
Governor's % Change from Base								0

3000 - Federal

Balance Forward In		7	265	259				
Receipts	143,657	137,421	123,153	155,813	146,258	145,260	146,258	145,260
Balance Forward Out	0	726	259					
Expenditures	143,657	136,701	123,160	156,072	146,258	145,260	146,258	145,260
Biennial Change in Expenditures				(1,126)		12,286		12,286
Biennial % Change in Expenditures				(0)		4		4
Governor's Change from Base								0
Governor's % Change from Base								0

Child & Family Health

Activity Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY18	FY19	FY20	FY21	FY22	FY23	FY22	FY23
Full-Time Equivalents	76.26	76.48	75.11	79.55	76.41	74.67	76.41	74.67

3001 - Federal TANF

Balance Forward In			0					
Receipts	9,282	10,454	8,823	9,713	9,713	9,713	9,713	9,713
Expenditures	9,282	10,454	8,823	9,713	9,713	9,713	9,713	9,713
Biennial Change in Expenditures				(1,200)		890		890
Biennial % Change in Expenditures				(6)		5		5
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	2.11	2.36	2.32	3.41	3.41	3.41	3.41	3.41

Program: Health Improvement

Activity: Health Promotion and Chronic Disease

<https://www.health.state.mn.us/about/org/hpcd/index.html>

AT A GLANCE

- Screened 10,370 low-income women for breast and/or cervical cancer and detected 115 cancers in 2019.
- Maintained the statewide cancer reporting system and registered 35,606 new cancer cases in 2017.
- Provided services for 24,953 Minnesotans with a traumatic brain or spinal cord injury in 2019 through a grant-funded program.
- 25,926 Minnesotans enrolled in a diabetes prevention program that is proven to reduce the risk of developing diabetes by 58%.
- Managed 46,283 calls through the state's poison control system from residents who either were poisoned or were in danger of being poisoned in 2019.

PURPOSE AND CONTEXT

Health Promotion and Chronic Disease provides leadership in the prevention and management of chronic diseases and injury, including many efforts to eliminate health disparities. Chronic diseases are ongoing, generally incurable illnesses 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. Chronic diseases and injuries negatively impact the health of the population by contributing to long-term disability, diminished quality of life, and many deaths that may have been prevented.

Our role:

- Monitor chronic diseases and injuries to report on statewide trends, geographic patterns, and risk factors.
- Improve clinical services and address disparities to prevent and manage chronic diseases and injuries.
- Ensure that patients are referred to services that improve the management of chronic conditions.
- Provide support to local governments and organizations to sustain resilient communities, and to eliminate health disparities.

SERVICES PROVIDED

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 to offer free breast, cervical, and colorectal cancer screening, along with follow-up services and counseling, to eligible low-income, uninsured, and underinsured Minnesotans.

Facilitate community-clinical relationships that improve the management of chronic conditions.

- Disseminate self-care and management education programs statewide.
- Develop curricula 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 grants for Minnesotans with a traumatic brain or spinal cord injury to receive medical follow-up, employment, education, and family counseling sessions.

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); and injury and violence (such as suicides, drug overdoses, and sexual and domestic violence).
- 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.

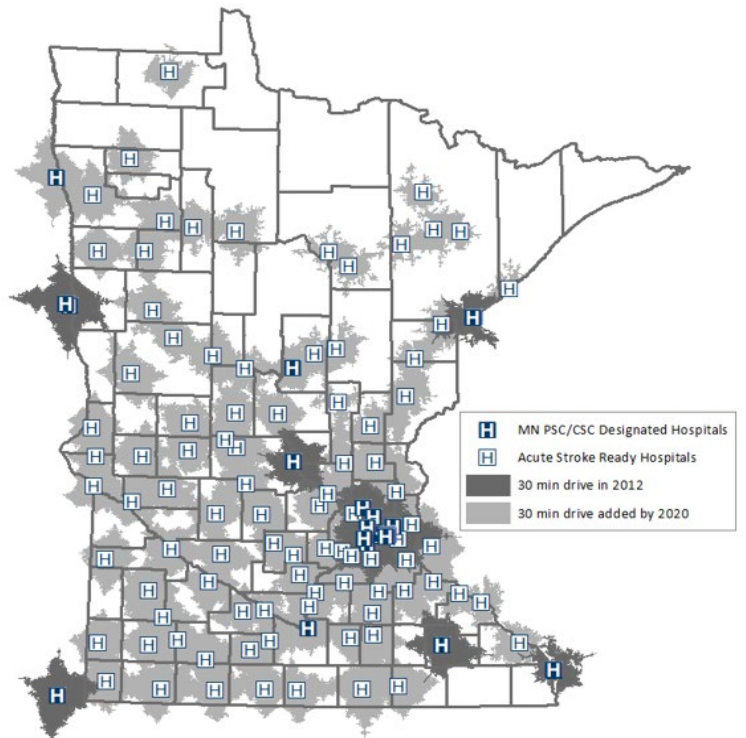
RESULTS

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.

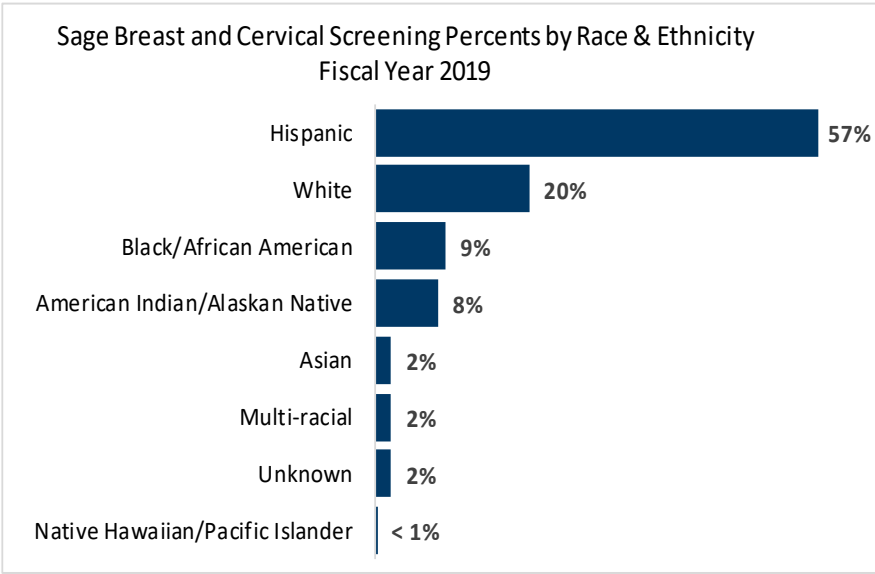
We work throughout the state to increase the number of hospitals designated for stroke care, ultimately providing a higher standard of care and improving outcomes. By 2020, 89% of Minnesotans lived within 30 minutes and 97% within 60 minutes of a designated stroke center.

While this increase is remarkable, persistent disparities remain for some people in Minnesota. We are working to increase access to acute stroke ready centers for American Indian communities and older populations. For 4.3% of Minnesotans, the hospital nearest to them is not yet designated as acute-stroke ready.



% Minnesotans Living Within a 30 Minute Drive of a Stroke Center	
2012	2020
60%	89%

Serving diverse populations through cancer screening

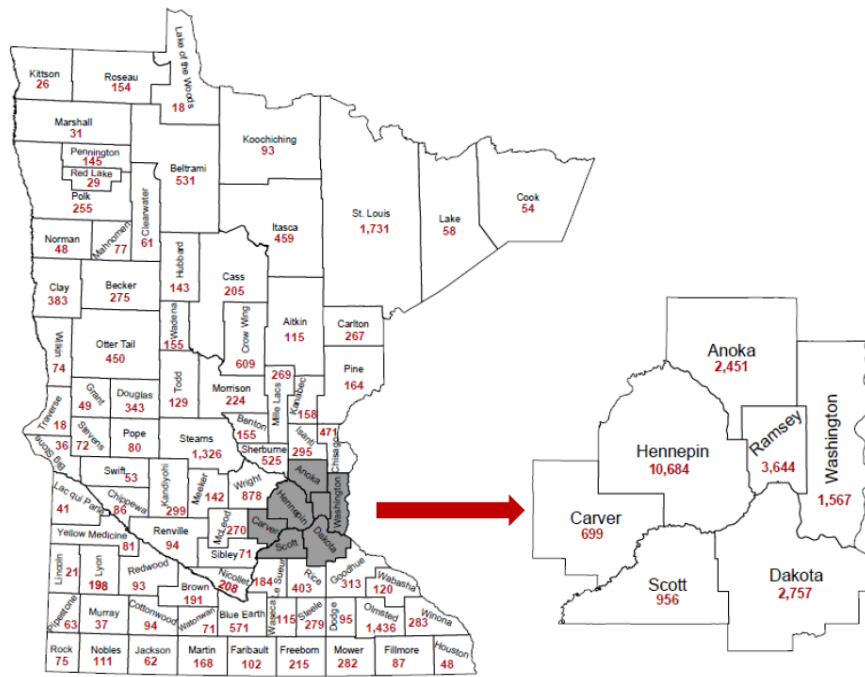


Cancer screening saves lives. Our Sage program partners with 480 clinics in the state to screen nearly 11,000 uninsured and underinsured women and men for breast, cervical, and colorectal cancer every year. Factors such as race, ethnicity, income, and access to health insurance affect screening rates and are often correlated. Lower cancer screening rates have been shown to contribute to higher rates of morbidity and mortality.

We continue to increase reach into diverse and underserved communities. In 2013, people of color and American

Indians comprised 46% of Sage breast and cervical patients, by 2019 this percentage increased to 78%. Sage additionally supports cancer screening by working with clinics to improve their health systems and by providing patient navigation services to over 4,282 Minnesotans annually, regardless of their insurance or income status.

Increasing effectiveness in handling poisoning calls



Poison Control System Cases by County, 2019

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. We provide funding to the Minnesota Poison Control Center to provide assistance to parents, families, and others regarding poisoning incidents. Over the last ten years, incidents where a person was exposed to a poison at their residence, called the poison center, and managed at home has been stable at over 90%. Calling the poison center

and following our recommendations prevents unnecessary health care utilization, avoiding potential medical costs and crowding in the emergency department.

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

Health Promo & Chronic Disease

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base		Governor's Recommendation	
					FY22	FY23	FY22	FY23
<u>Expenditures by Fund</u>								
1000 - General	11,110	11,032	14,979	14,793	14,602	14,602	14,754	14,839
2000 - Restrict Misc Special Revenue	1,626	1,435	1,633	1,906	1,643	1,524	1,643	1,524
2001 - Other Misc Special Revenue	24	5	57	50	40	40	40	40
2403 - Gift	21	18	2	24	2	2	2	2
2800 - Environmental	457	620	310	714	512	512	512	512
3000 - Federal	17,718	18,392	26,467	25,518	24,892	24,892	24,892	24,892
Total	30,958	31,502	43,448	43,005	41,691	41,572	41,843	41,809
Biennial Change				23,993		(3,190)		(2,801)
Biennial % Change				38		(4)		(3)
Governor's Change from Base								389
Governor's % Change from Base								0
<u>Expenditures by Category</u>								
Compensation	12,488	13,199	13,055	16,686	16,243	16,242	16,328	16,412
Operating Expenses	5,965	6,312	7,827	8,843	8,326	8,208	8,393	8,275
Grants, Aids and Subsidies	12,503	11,983	22,554	17,476	17,122	17,122	17,122	17,122
Capital Outlay-Real Property	1		12					
Other Financial Transaction		8						
Total	30,958	31,502	43,448	43,005	41,691	41,572	41,843	41,809
Total Agency Expenditures	30,958	31,502	43,448	43,005	41,691	41,572	41,843	41,809
Internal Billing Expenditures	2,560	2,796	2,705	3,982	3,682	3,681	3,682	3,681
Expenditures Less Internal Billing	28,398	28,706	40,743	39,023	38,009	37,891	38,161	38,128
<u>Full-Time Equivalent</u>	130.78	136.90	133.75	157.33	153.17	153.16	153.17	153.16

Health Promo & Chronic Disease

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base		Governor's Recommendation	
					FY22	FY23	FY22	FY23
1000 - General								
Balance Forward In	0	594	0	513				
Direct Appropriation	11,751	10,779	15,500	14,280	14,602	14,602	14,754	14,839
Transfers In	200	240	245	245				
Transfers Out	238	272	245	245				
Cancellations	20	309	8					
Balance Forward Out	582		513					
Expenditures	11,110	11,032	14,979	14,793	14,602	14,602	14,754	14,839
Biennial Change in Expenditures				7,630		(568)		(179)
Biennial % Change in Expenditures				34		(2)		(1)
Governor's Change from Base								389
Governor's % Change from Base								1
Full-Time Equivalents	34.08	35.51	33.88	41.28	40.81	40.81	40.81	40.81

2000 - Restrict Misc Special Revenue

Balance Forward In	809	689	634	361				
Receipts	370	331	339	484	582	463	582	463
Transfers In	1,065	989	1,021	1,061	1,061	1,061	1,061	1,061
Balance Forward Out	618	575	361					
Expenditures	1,626	1,435	1,633	1,906	1,643	1,524	1,643	1,524
Biennial Change in Expenditures				477		(372)		(372)
Biennial % Change in Expenditures				16		(11)		(11)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	2.59	2.34	1.56	2.14	0.97	0.96	0.97	0.96

2001 - Other Misc Special Revenue

Balance Forward In	35	33	73	19				
Receipts	23	45	26	31	40	40	40	40
Transfers Out			23					
Balance Forward Out	33	73	19					
Expenditures	24	5	57	50	40	40	40	40
Biennial Change in Expenditures				77		(27)		(27)
Biennial % Change in Expenditures				265		(25)		(25)

Health Promo & Chronic Disease

Activity Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY18	FY19	FY20	FY21	FY22	FY23	FY22	FY23
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents				0.01	0.01	0.01	0.01	0.01

2403 - Gift

Balance Forward In	57	37	21	22				
Receipts	2	1	3	2	2	2	2	2
Balance Forward Out	37	21	22					
Expenditures	21	18	2	24	2	2	2	2
Biennial Change in Expenditures				(13)		(22)		(22)
Biennial % Change in Expenditures				(33)		(85)		(85)
Governor's Change from Base								0
Governor's % Change from Base								0

2800 - Environmental

Balance Forward In		110		202				
Transfers In	512	512	512	512	512	512	512	512
Cancellations		2						
Balance Forward Out	55		202					
Expenditures	457	620	310	714	512	512	512	512
Biennial Change in Expenditures				(53)		0		0
Biennial % Change in Expenditures				(5)		(0)		(0)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	2.50	2.67	1.32	2.58	2.58	2.58	2.58	2.58

3000 - Federal

Balance Forward In	30	7	6	6				
Receipts	17,699	18,385	26,467	25,512	24,892	24,892	24,892	24,892
Balance Forward Out	11		6					
Expenditures	17,718	18,392	26,467	25,518	24,892	24,892	24,892	24,892
Biennial Change in Expenditures				15,874		(2,201)		(2,201)
Biennial % Change in Expenditures				44		(4)		(4)

Health Promo & Chronic Disease

Activity Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY18	FY19	FY20	FY21	FY22	FY23	FY22	FY23
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	91.61	96.38	96.99	111.32	108.80	108.80	108.80	108.80

Program: Health Improvement

Activity: Community Health

<https://www.health.state.mn.us/about/org/ch/index.html>

AT A GLANCE

- Support Minnesota’s 51 community health boards.
- Coordinate the emergency preparedness and response activities between MDH, community health boards, and eight regional health care preparedness coalitions.
- Partner with community health boards, tribal governments, and community-based organizations to implement evidence-based strategies to increase Minnesotans’ access to healthy foods, expand opportunities for physical activity, reduce commercial tobacco use and exposure, and promote health and well-being in schools, workplaces, healthcare systems and community settings.
- 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.
- Provide planning, facilitation, and coaching to other MDH programs on skills like quality improvement, community engagement, working with tribal governments, and incident management.
- Distribute grant funds to local governments, tribal nations, hospitals, and community-based organizations to support community health activities, emergency preparedness activities, and to eliminate health disparities.

PURPOSE AND CONTEXT

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

- 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.
- Creating community-level policy and environmental changes that promote and support individual choices leading to increased healthy eating and active living and reduced commercial tobacco use.
- Improving their ability to use data.

We work 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.
- Offering the best evidence-based strategies in policies, systems, and environmental changes.
- Evaluating the effectiveness of those strategies.
- Addressing the disparities in health caused by significant social, economic, and environmental barriers.
- Serving as a source of health statistics.
- Working to advance health equity.
- 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 and detailed planning and testing of emergency response plans.
- Fund regional health care coalitions and local/tribal public health to enhance local public health preparedness efforts.

Health Equity

- 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 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 departments seek and maintain public health accreditation to ensure that Minnesota's public health system meets and exceeds national Public Health Accreditation Board standards.

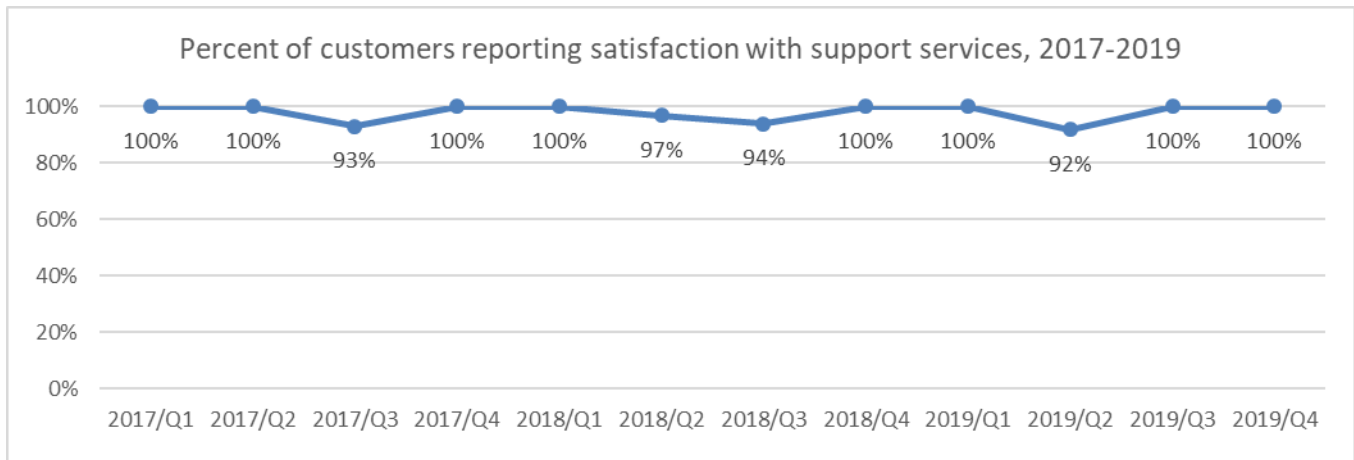
Statewide Health Improvement Initiatives

- Link community health boards, tribal health boards, and other community based grantees with nutrition, physical activity, tobacco prevention and health and well-being content experts who provide coaching on effective ways to adopt and implement policy, systems, and environmental changes.
- Work with local public health, tribal nations, and communities to design and implement asset based approaches and trauma informed practices to address structural based health inequities.
- Provide comprehensive technical assistance through peer-to-peer and content specific consultation calls, webinars, and communities of practice.

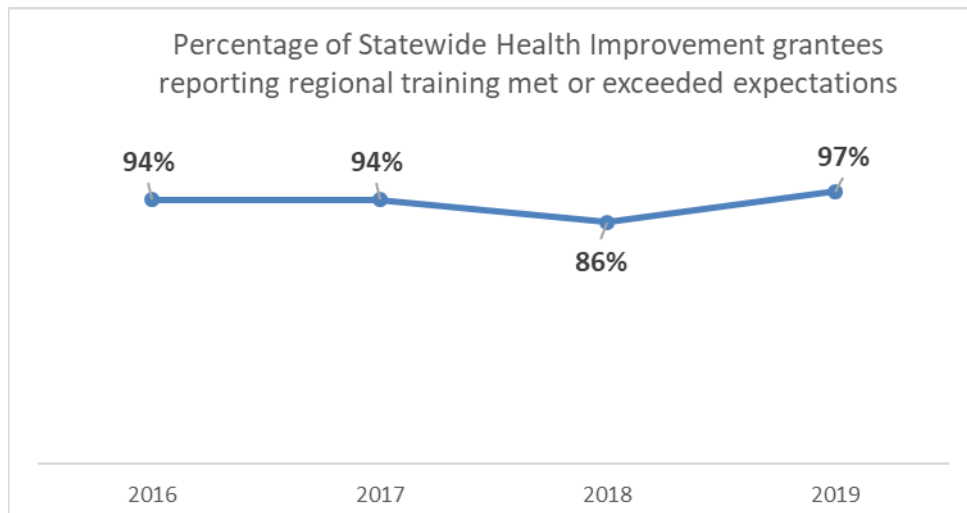
- Use state-of-the-art online technology to facilitate learning and collaboration through webinars, video calls, and forums.
- Work with partners to build their capacity to collect data to assess progress and impact.
- Assess the impact of evidence-based activities by measuring impact of environmental and policy change and support communities to evaluate local activities and identify lessons learned.

RESULTS

We provide consultation and technical assistance internally at MDH and to community health boards, local public health, and tribal nations. We measure satisfaction of our services quarterly through surveys. Since 2017, over 90% customers have reported satisfaction with the support we provide.

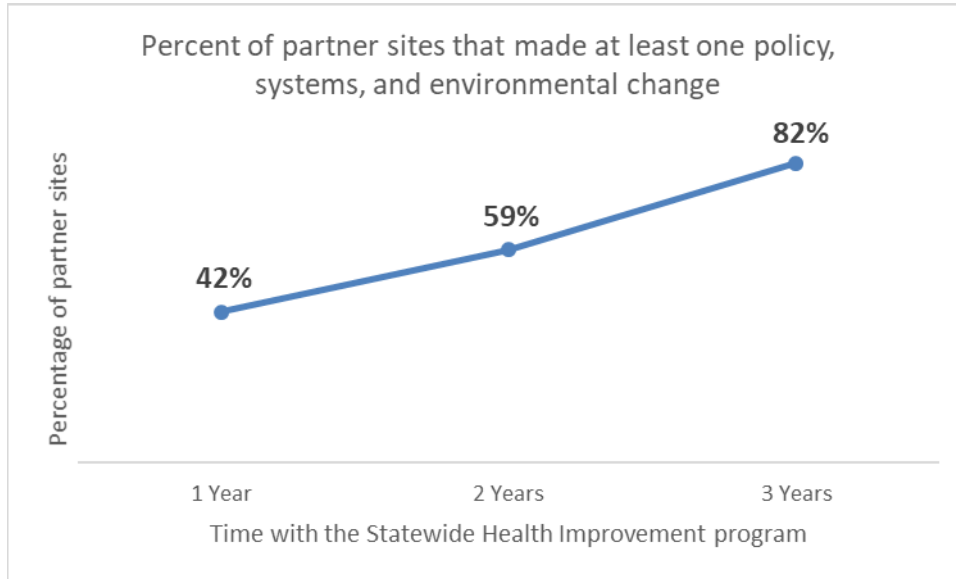


The Statewide Health Improvement program builds capacity and alignment between local public health and state efforts through individual technical assistance and local and regional training. We track our effectiveness at providing trainings and make continuous improvements based on feedback. Since 2016, satisfaction with training has had an annual average of 93%.



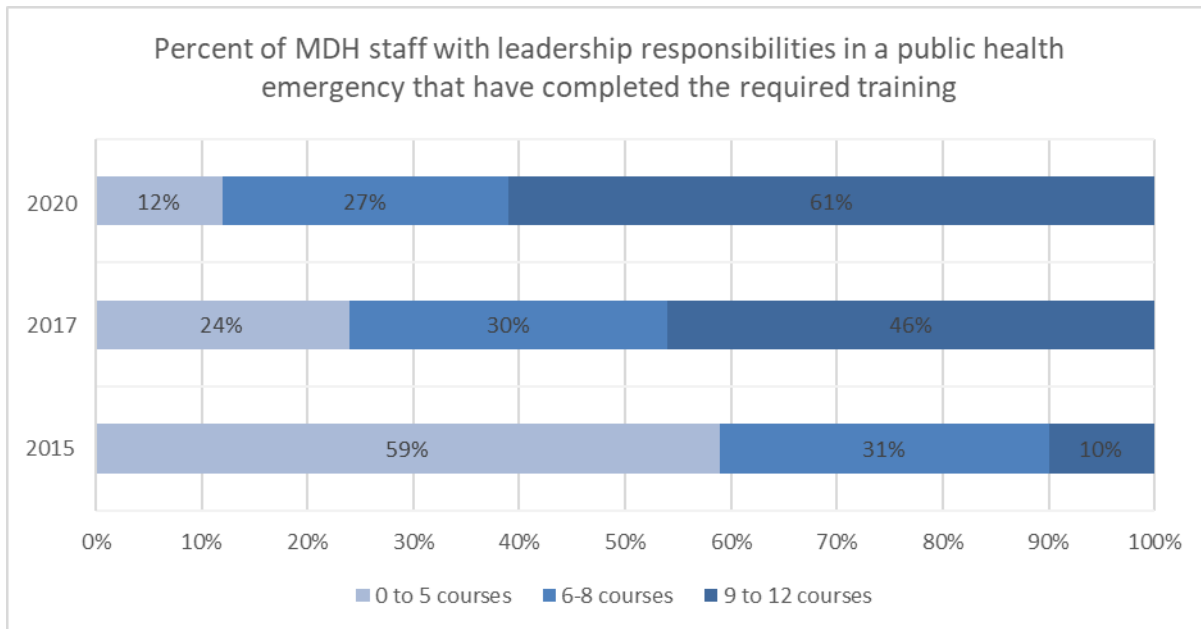
Statewide Health Improvement program has impact on policy, systems, and environmental change in Minnesota. The program is implemented in all 87 counties and with 10 tribal nations, and includes over 5,250 partners such as schools, worksites, health care organizations, early childhood education sites, and communities. All local public health agencies made policy, systems, and environmental changes in their communities between 2016 and 2018.

Partner sites are reporting greater success at making policy, systems, and environmental changes, with the longer a site is engaged with the program the more likely they are to make changes.



Emergency Preparedness and Response

When a public health emergency occurs in Minnesota, or a service interruption within the department, MDH employees may be asked to help in ways that are not ordinarily part of their job. We provide training to ensure that the MDH workforce is ready to respond to threats which harm public health or MDH operations. The goal is for 100% of staff with leadership responsibilities to complete at least 9 of the required 12 courses. As of January 2020, 61% of our 56 staff completed this goal with another 27% completing at least half of the required courses.



STATUTES

M.S. 12A.08 Natural Disaster; State Assistance (<https://www.revisor.mn.gov/statutes/?id=12A.08>)

M.S. 144.396 Tobacco-Free Communities in Minnesota (<https://www.revisor.mn.gov/statutes/?id=144.396>)

M.S. 144.4197 Emergency Vaccine Administration; Legend Drug

(<https://www.revisor.mn.gov/statutes/?id=144.4197>)

M.S. 145A Community Health Boards (<https://www.revisor.mn.gov/statutes/?id=145A>)

M.S. 145.928 Eliminating Health Disparities (<https://www.revisor.mn.gov/statutes/?id=145.928>)

M.S. 145.986 Minnesota Statewide Health Improvement Initiatives

(<https://www.revisor.mn.gov/statutes/?id=145.986>)

M.S. 151.37 Legend Drugs, Who May Prescribe, Possess (<https://www.revisor.mn.gov/statutes/?id=151.37>)

Community Health

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base		Governor's Recommendation	
					FY22	FY23	FY22	FY23
<u>Expenditures by Fund</u>								
1000 - General	30,519	32,280	32,924	36,043	35,201	35,201	35,276	35,319
1251 - COVID-19 Minnesota			103,034	7,278				
2000 - Restrict Misc Special Revenue	347	196	228	147	37	37	37	37
2001 - Other Misc Special Revenue	694	688	784	78	30	30	30	30
2360 - Health Care Access	17,337	18,060	16,979	21,296	17,679	17,679	17,679	17,679
2403 - Gift	0		0	14	1	1	1	1
3000 - Federal	22,171	18,051	16,424	28,091	148,636	17,590	148,636	17,590
3001 - Federal TANF	2,000	2,056	1,681	2,000	2,000	2,000	2,000	2,000
3010 - Coronavirus Relief			24,112	231,429				
Total	73,068	71,331	196,165	326,376	203,584	72,538	203,659	72,656
Biennial Change				378,142		(246,419)		(246,226)
Biennial % Change				262		(47)		(47)
Governor's Change from Base								193
Governor's % Change from Base								0
<u>Expenditures by Category</u>								
Compensation	11,424	11,419	19,947	35,939	11,531	11,426	11,573	11,511
Operating Expenses	4,556	4,405	124,207	217,284	137,325	7,137	137,358	7,170
Grants, Aids and Subsidies	57,088	55,508	52,011	73,153	54,728	53,975	54,728	53,975
Other Financial Transaction	0							
Total	73,068	71,331	196,165	326,376	203,584	72,538	203,659	72,656
Total Agency Expenditures	73,068	71,331	196,165	326,376	203,584	72,538	203,659	72,656
Internal Billing Expenditures	2,045	2,167	1,941	2,413	2,349	2,165	2,349	2,165
Expenditures Less Internal Billing	71,023	69,164	194,224	323,963	201,235	70,373	201,310	70,491
<u>Full-Time Equivalent</u>	114.82	110.90	117.76	339.50	109.36	108.37	109.36	108.37

Community Health

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base		Governor's Recommendation	
					FY22	FY23	FY22	FY23
1000 - General								
Balance Forward In	7	880		972				
Direct Appropriation	31,384	31,416	34,041	35,217	35,249	35,249	35,324	35,367
Transfers Out		15	146	146	48	48	48	48
Cancellations	0	1						
Balance Forward Out	872		971					
Expenditures	30,519	32,280	32,924	36,043	35,201	35,201	35,276	35,319
Biennial Change in Expenditures				6,168		1,435		1,628
Biennial % Change in Expenditures				10		2		2
Governor's Change from Base								193
Governor's % Change from Base								0
Full-Time Equivalents	12.20	19.03	13.46	20.39	20.39	20.39	20.39	20.39

1251 - COVID-19 Minnesota

Balance Forward In				5,890				
Direct Appropriation			108,924	1,388	0	0	0	0
Balance Forward Out			5,890					
Expenditures			103,034	7,278				
Biennial Change in Expenditures				110,312		(110,312)		(110,312)
Biennial % Change in Expenditures						(100)		(100)
Governor's Change from Base								0
Governor's % Change from Base								
Full-Time Equivalents				6.67				

2000 - Restrict Misc Special Revenue

Balance Forward In	148	128	62	17				
Receipts	326	186	185	130	37	37	37	37
Transfers In		7						
Transfers Out		65						
Balance Forward Out	127	61	20					
Expenditures	347	196	228	147	37	37	37	37
Biennial Change in Expenditures				(168)		(301)		(301)
Biennial % Change in Expenditures				(31)		(80)		(80)
Governor's Change from Base								0

Community Health

Activity Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY18	FY19	FY20	FY21	FY22	FY23	FY22	FY23
Governor's % Change from Base								0
Full-Time Equivalents	1.49	0.82	0.64	0.27				

2001 - Other Misc Special Revenue

Balance Forward In	94	32	40	89				
Receipts	28	30	32	30	30	30	30	30
Transfers In	666	666	800					
Cancellations				41				
Balance Forward Out	94	40	89					
Expenditures	694	688	784	78	30	30	30	30
Biennial Change in Expenditures				(521)		(802)		(802)
Biennial % Change in Expenditures				(38)		(93)		(93)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	5.44	5.24	4.48					

2360 - Health Care Access

Balance Forward In	3,234	3,443	2,959	3,617				
Direct Appropriation	17,529	17,579	17,636	17,679	17,679	17,679	17,679	17,679
Transfers In		2,921						
Transfers Out		2,921						
Cancellations	9	42						
Balance Forward Out	3,417	2,921	3,616					
Expenditures	17,337	18,060	16,979	21,296	17,679	17,679	17,679	17,679
Biennial Change in Expenditures				2,878		(2,917)		(2,917)
Biennial % Change in Expenditures				8		(8)		(8)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	19.66	21.06	14.08	19.23	19.23	19.23	19.23	19.23

2403 - Gift

Balance Forward In	11	10	11	13				
Receipts	0	0	2	1	1	1	1	1

Community Health

Activity Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY18	FY19	FY20	FY21	FY22	FY23	FY22	FY23
Balance Forward Out	10	11	13					
Expenditures	0		0	14	1	1	1	1
Biennial Change in Expenditures				14		(12)		(12)
Biennial % Change in Expenditures						(86)		(86)
Governor's Change from Base								0
Governor's % Change from Base								0

3000 - Federal

Balance Forward In	46	10	12	1,854				
Receipts	22,274	18,320	18,266	26,237	148,636	17,590	148,636	17,590
Balance Forward Out	149	279	1,854					
Expenditures	22,171	18,051	16,424	28,091	148,636	17,590	148,636	17,590
Biennial Change in Expenditures				4,293		121,711		121,711
Biennial % Change in Expenditures				11		273		273
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	76.03	64.75	85.00	94.64	69.74	68.75	69.74	68.75

3001 - Federal TANF

Receipts	2,000	2,056	1,681	2,000	2,000	2,000	2,000	2,000
Expenditures	2,000	2,056	1,681	2,000	2,000	2,000	2,000	2,000
Biennial Change in Expenditures				(375)		319		319
Biennial % Change in Expenditures				(9)		9		9
Governor's Change from Base								0
Governor's % Change from Base								0

3010 - Coronavirus Relief

Balance Forward In				50,139				
Direct Appropriation			75,195	181,290	0	0	0	0
Cancellations			944					
Balance Forward Out			50,138					
Expenditures			24,112	231,429				
Biennial Change in Expenditures				255,541		(255,541)		(255,541)

Community Health

Activity Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY18	FY19	FY20	FY21	FY22	FY23	FY22	FY23
Biennial % Change in Expenditures						(100)		(100)
Governor's Change from Base								0
Governor's % Change from Base								
Full-Time Equivalents			0.10	198.30				

Program: Health Improvement

Activity: Health Policy

<https://www.health.state.mn.us/about/org/hp/index.html>

AT A GLANCE

- Administer about 1,000 COVID-19 Emergency and Response grants to health care providers across the state.
- Monitor, measure, and improve health care quality and safety through the Statewide Quality Reporting and Measurement System data collection, adverse health events system, and health plan quality exams to ensure compliance and drive improvement.
- Measure change in rate of uninsured Minnesotans annually through Minnesota Health Access Surveys, identifying the impact of health care policies and market changes on health insurance coverage.
- Inform health policy with evidence-based research from the Minnesota All Payer Claims Database.
- Issue more than 750,000 birth and death certificates annually and facilitates certification of all death records online, making them available to families more quickly.
- Certify and train about 400 Health Care Homes statewide, supporting high quality, coordinated care to 3.5 million people, saving more than \$1 billion in health care costs in the initial five years, according to an independent evaluation by the University of Minnesota.
- Support a strong rural health care system and robust health care workforce through nearly \$20 million dollars in grants and loan forgiveness awards statewide to rural and underserved areas.
- Regulate and certify all Health Maintenance Organizations (HMO) offering products in Minnesota, including financial, quality and other compliance monitoring activities.
- Lead initiatives to help Minnesota payers and providers develop efficient, coordinated implementation of electronic health records, interoperability, and other health information exchange standards.

PURPOSE & CONTEXT

We provide policymakers and other stakeholders with policy, data, analysis, research, design, and implementation of programs and reforms to monitor and improve health care market trends, value, quality and accessibility. We also manage the statewide vital records system for birth and death records, provides leadership for electronic health exchange standards, and regulates health maintenance organization (HMO) products offered in Minnesota.

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.
- Analyze health care market trends and policy options and impacts to inform state policy making.
- 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, team-based care to complex patients and all Minnesotans.
- Issue timely birth and death certificates and provide accurate vital records data for public health research.
- Support health professional education to build a strong health workforce in rural and underserved areas.

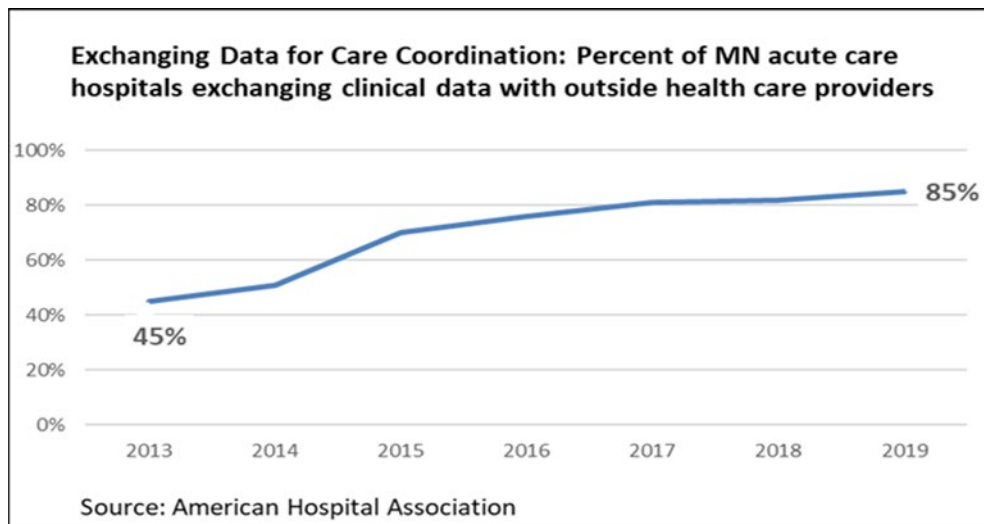
- Measure and report on the health care marketplace, access and quality of care, patient safety and health workforce capacity to help target state resources and funding to their best use.
- License and regulate HMO products serving Minnesota enrollees.

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 and improve clinical quality and safety in Minnesota through implementing the Statewide Quality Reporting and Measurement system, the Adverse Health Events system, quality audits of managed care plans and certification of primary care clinics as Health Care Homes.
- 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.
- Convene an annual statewide rural health conference (600 attendees), health care homes learning days (300 attendees), and e-health summit (200 attendees).
- 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.
- Administer a secure, real-time, web-based vital records system that helps individuals get the identity documents they need for REAL ID and other benefits and services.

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. We provide these entities the information they need to improve healthcare quality and safety, reduce costs and improve population health.



The increased use of electronic health records and health information exchange has helped to reduce medical errors and duplication of services, provide coordinated patient care, and improve health outcomes of individuals and communities.

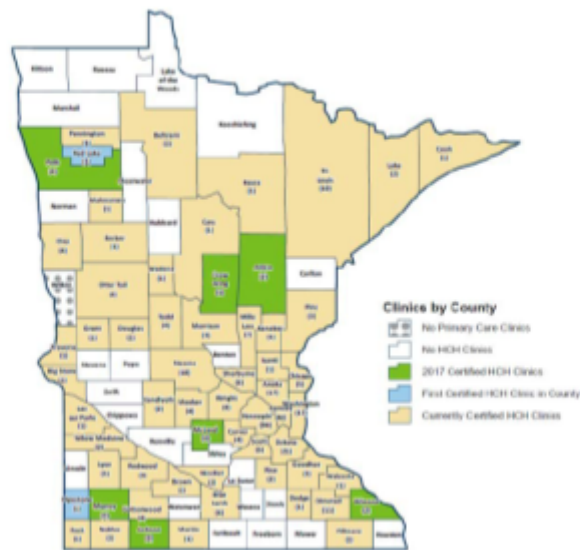
Supporting rural & safety net providers in MN: MDH Office of Rural Health & Primary Care, grants & loan forgiveness grant locations



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

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.

Ensuring Patient-Centered Coordinated Care throughout MN: 400 Certified Health Care Homes in MN (53% of MN Clinics)



STATUTES

M.S. 144.1501 Office of Rural Health and Primary Care, Health Professional Education Loan Forgiveness Act (<https://www.revisor.mn.gov/statutes/cite/144.1501>)

M.S. 144.211 – 144.227 Vital Statistics Act (<https://www.revisor.mn.gov/statutes/cite/144.211> – <https://www.revisor.mn.gov/statutes/cite/144.227>)

M.S. 144.695 -144.703 Minnesota Health Care Cost Information Act (<https://www.revisor.mn.gov/statutes/cite/144.695> – <https://www.revisor.mn.gov/statutes/cite/144.703>)

M.S. 144.706-144.7069 Adverse Health Reporting System (<https://www.revisor.mn.gov/statutes/cite/144.7067>)

M.S. 62D Health Maintenance Organizations (<https://www.revisor.mn.gov/statutes/cite/62D>)

M.S. 62J.17 Capital Expenditure Reporting (<https://www.revisor.mn.gov/statutes/cite/62J.17>)

M.S. 62J.321 Health Economics Program (<https://www.revisor.mn.gov/statutes/cite/62J.321>)

M.S. 62J.38 Cost Containment from Group Purchasers (<https://www.revisor.mn.gov/statutes/cite/62J.38>)

M.S. 62J.321 Data Collection (<https://www.revisor.mn.gov/statutes/cite/62J.321>)

M.S. 62J.495 – 62J.497 Electronic Health Record Technology (<https://www.revisor.mn.gov/statutes/cite/62J.495> – <https://www.revisor.mn.gov/statutes/cite/62J.497>)

M.S. 62J.63 Center for Health Care Purchasing Improvement (<https://www.revisor.mn.gov/statutes/cite/62J.63>)

M.S. 62U.02 Payment Restructuring; Quality Incentive Payments (<https://www.revisor.mn.gov/statutes/cite/62U.02>)

Health Policy

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base		Governor's Recommendation	
					FY22	FY23	FY22	FY23
<u>Expenditures by Fund</u>								
1000 - General	11,667	12,266	9,924	13,879	12,128	12,098	11,076	11,071
1100 - Medical Education & Research	79,006	79,085	79,306	79,028	78,991	78,991	78,991	78,991
1200 - State Government Special Rev	3,959	3,986	5,203	5,799	5,799	5,799	5,694	5,694
1250 - Health Care Response			40,253	100,205				
2000 - Restrict Misc Special Revenue	2,082	1,121	1,159	1,120	1,012	1,012	1,012	1,012
2001 - Other Misc Special Revenue	1,099	768	50,762	1,150	971	971	971	971
2360 - Health Care Access	18,303	19,119	18,202	21,538	19,833	19,153	19,833	19,153
2403 - Gift			2	8	1	1	1	1
3000 - Federal	7,639	3,592	3,014	2,849	2,824	2,824	2,824	2,824
Total	123,756	119,938	207,824	225,576	121,559	120,849	120,402	119,717
Biennial Change				189,706		(190,992)		(193,281)
Biennial % Change				78		(44)		(45)
Governor's Change from Base								(2,289)
Governor's % Change from Base								(1)

Expenditures by Category

Compensation	11,089	11,009	11,110	13,489	13,116	13,064	12,958	12,931
Operating Expenses	12,100	10,152	9,570	11,593	9,794	9,136	9,795	9,137
Grants, Aids and Subsidies	100,566	98,777	187,144	200,494	98,649	98,649	97,649	97,649
Other Financial Transaction		1	1					
Total	123,756	119,938	207,824	225,576	121,559	120,849	120,402	119,717

Total Agency Expenditures	123,756	119,938	207,824	225,576	121,559	120,849	120,402	119,717
Internal Billing Expenditures	3,446	3,060	3,353	3,297	3,283	3,272	3,283	3,272
Expenditures Less Internal Billing	120,310	116,877	204,471	222,279	118,276	117,577	117,119	116,445

Full-Time Equivalent

	117.57	111.75	114.67	127.32	123.80	123.31	122.05	121.56
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Health Policy

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base		Governor's Recommendation	
					FY22	FY23	FY22	FY23
1000 - General								
Balance Forward In		335	77	2,505				
Direct Appropriation	14,523	12,047	12,357	11,537	12,128	12,098	11,076	11,071
Transfers Out	2,502	104		163				
Cancellations	20	9	4					
Balance Forward Out	334	2	2,506					
Expenditures	11,667	12,266	9,924	13,879	12,128	12,098	11,076	11,071
Biennial Change in Expenditures				(130)		423		(1,656)
Biennial % Change in Expenditures				(1)		2		(7)
Governor's Change from Base								(2,079)
Governor's % Change from Base								(9)
Full-Time Equivalents	5.59	6.72	6.72	11.97	11.97	11.97	11.12	11.12

1100 - Medical Education & Research

Balance Forward In	651	636	529	213				
Receipts	78,991	78,991	78,991	78,991	78,991	78,991	78,991	78,991
Transfers In	157	150	150	150	150	150	150	150
Transfers Out	157	162	150	150	150	150	150	150
Cancellations				176				
Balance Forward Out	635	528	213					
Expenditures	79,006	79,085	79,306	79,028	78,991	78,991	78,991	78,991
Biennial Change in Expenditures				243		(352)		(352)
Biennial % Change in Expenditures				0		(0)		(0)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	1.35	1.63	2.03	1.45	1.16	1.16	1.16	1.16

1200 - State Government Special Rev

Balance Forward In	28	163		486				
Direct Appropriation	4,349	4,001	4,317	3,941	5,876	5,876	5,694	5,694
Transfers In			1,449	1,449				
Transfers Out	324		77	77	77	77	0	0
Cancellations		178						
Balance Forward Out	94		486					

Health Policy

Activity Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY18	FY19	FY20	FY21	FY22	FY23	FY22	FY23
Expenditures	3,959	3,986	5,203	5,799	5,799	5,799	5,694	5,694
Biennial Change in Expenditures				3,057		596		386
Biennial % Change in Expenditures				38		5		4
Governor's Change from Base								(210)
Governor's % Change from Base								(2)
Full-Time Equivalents	34.21	31.70	35.09	33.35	33.35	33.35	32.45	32.45

1250 - Health Care Response

Balance Forward In				92,273				
Direct Appropriation			132,526	7,932	0	0	0	0
Balance Forward Out			92,273					
Expenditures			40,253	100,205				
Biennial Change in Expenditures				140,458		(140,458)		(140,458)
Biennial % Change in Expenditures						(100)		(100)
Governor's Change from Base								0
Governor's % Change from Base								
Full-Time Equivalents				3.20				

2000 - Restrict Misc Special Revenue

Balance Forward In	6,106	5,130	4,951	4,912	4,699	4,594	4,699	4,594
Receipts	649	637	849	657	657	657	657	657
Transfers In	375							
Net Loan Activity	(44)	239	271	250	250	250	250	250
Balance Forward Out	5,003	4,886	4,913	4,699	4,594	4,489	4,594	4,489
Expenditures	2,082	1,121	1,159	1,120	1,012	1,012	1,012	1,012
Biennial Change in Expenditures				(925)		(255)		(255)
Biennial % Change in Expenditures				(29)		(11)		(11)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	6.10	4.17	4.51	5.10	5.07	5.07	5.07	5.07

2001 - Other Misc Special Revenue

Balance Forward In	2,125	2,028	2,170	2,028	1,533	1,217	1,533	1,217
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Health Policy

Activity Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY18	FY19	FY20	FY21	FY22	FY23	FY22	FY23
Receipts	849	781	621	655	655	655	655	655
Transfers In			50,000					
Transfers Out			1					
Balance Forward Out	1,875	2,041	2,028	1,533	1,217	901	1,217	901
Expenditures	1,099	768	50,762	1,150	971	971	971	971
Biennial Change in Expenditures				50,045		(49,970)		(49,970)
Biennial % Change in Expenditures				2,680		(96)		(96)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	4.44	5.73	5.93	3.30	3.30	3.30	3.30	3.30

2360 - Health Care Access

Balance Forward In	670	2,262	840	2,249				
Direct Appropriation	19,114	18,679	19,649	19,289	19,833	19,153	19,833	19,153
Open Appropriation	98							
Transfers In			182					
Transfers Out	67	769	182					
Cancellations	6	451	39					
Balance Forward Out	1,506	601	2,249					
Expenditures	18,303	19,119	18,202	21,538	19,833	19,153	19,833	19,153
Biennial Change in Expenditures				2,317		(754)		(754)
Biennial % Change in Expenditures				6		(2)		(2)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	46.02	49.67	51.13	59.92	59.92	59.43	59.92	59.43

2403 - Gift

Balance Forward In	9	9	9	7				
Receipts				1	1	1	1	1
Balance Forward Out	9	9	7					
Expenditures			2	8	1	1	1	1
Biennial Change in Expenditures				10		(8)		(8)
Biennial % Change in Expenditures						(79)		(79)

Health Policy

Activity Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY18	FY19	FY20	FY21	FY22	FY23	FY22	FY23
Governor's Change from Base								0
Governor's % Change from Base								0

3000 - Federal

Balance Forward In	107	34	77	84	50	41	50	41
Receipts	7,560	3,584	3,022	2,815	2,815	2,815	2,815	2,815
Balance Forward Out	28	26	84	50	41	32	41	32
Expenditures	7,639	3,592	3,014	2,849	2,824	2,824	2,824	2,824
Biennial Change in Expenditures				(5,368)		(215)		(215)
Biennial % Change in Expenditures				(48)		(4)		(4)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	19.86	12.13	9.26	9.03	9.03	9.03	9.03	9.03

6000 - Miscellaneous Agency

Balance Forward In			15					
Receipts	67	67	76	67	67	67	67	67
Transfers Out	67	52	91	67	67	67	67	67
Balance Forward Out		15						

Program: Health Improvement

Activity: Medical Cannabis

<https://www.health.state.mn.us/people/cannabis/>

AT A GLANCE

- Began distributing medical cannabis to registered patients on July 1, 2015.
- Approved the enrollment of 23,938 patients and authorized 1,775 healthcare practitioners to certify patients as of August 2020.
- Oversee compliance and enforcement of two vertically integrated manufacturers, which includes cultivation, extraction, and retail dispensing at up to 16 cannabis patient centers across Minnesota.
- Added chronic pain as a qualifying medical condition in August 2020.

PURPOSE AND CONTEXT

The Office of Medical Cannabis at MDH 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 up to sixteen 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. As of August 1, 2020, the following were eligible conditions:

- Cancer or its treatment, accompanied by severe/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
- Terminal illness, with a life expectancy of less than one year, if the illness or treatment produces severe/chronic pain, nausea or severe vomiting, cachexia or severe wasting
- Intractable pain, as defined in Minnesota Statutes, section 152.125, subdivision 1
- Post-traumatic stress disorder
- Obstructive sleep apnea
- Autism spectrum disorder
- Alzheimer's disease
- Chronic pain

An updated list of qualifying medical conditions is available on our website at:

<https://www.health.state.mn.us/people/cannabis/patients/conditions.html>

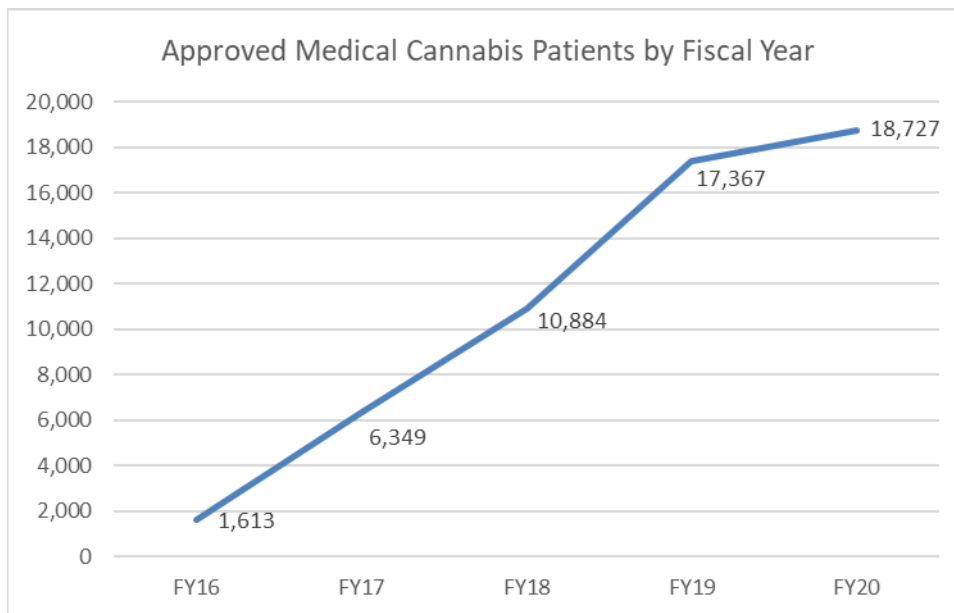
SERVICES PROVIDED

- Administer the statutorily required, online, secure 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.

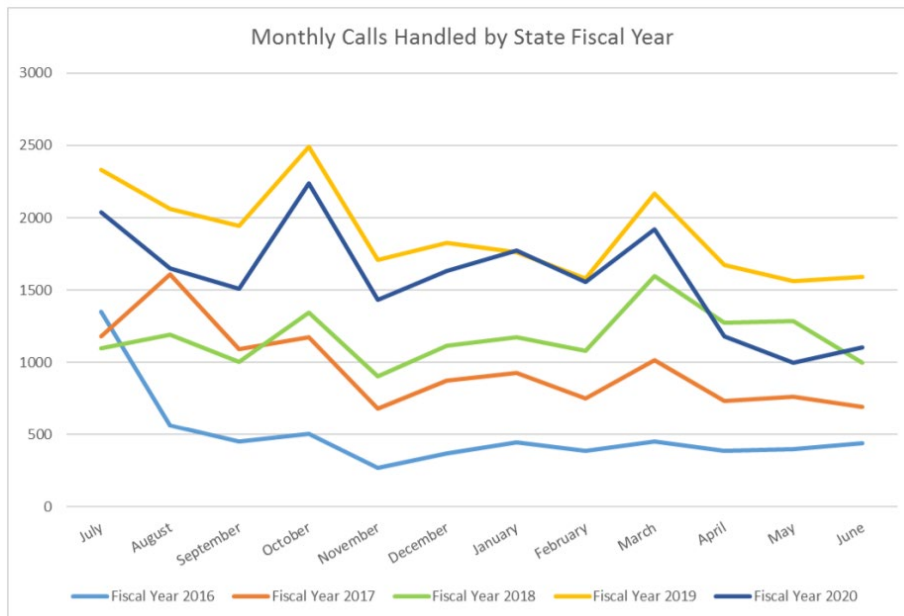
RESULTS

Increase in patient clients served

The number of patients we have enrolled in the patient registry has grown more than tenfold since fiscal year 2016, from 1,613 to 18,727 in fiscal year 2020.



As Minnesota adds more qualifying conditions for medical cannabis, we have experienced an increase in the volume of calls our call center handles. Since fiscal year 2016, we experienced peaks in call volume in the months of July, October, and March. Call volume overall in fiscal year 2020 is more than three times greater than it was in 2016.



Adding qualifying medical conditions and delivery methods

Minnesota Statutes authorize the commissioner of health to add approved delivery methods or forms and qualifying medical conditions. Nine qualifying medical conditions were authorized in the original legislation in 2014 creating the medical cannabis program. In 2016, we 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, though the panel does not weigh in on delivery methods. MDH staff prepare research briefs for each of the petitioned medical conditions describing current scientific studies of cannabis products as therapy. Medical conditions being petitioned in 2020 are anxiety, sickle cell disease, and tic disorder. No delivery methods or forms are under consideration in 2020.

Qualifying Medical Conditions and Delivery Methods Added by the Commissioner of Health		
Qualifying Medical Conditions:	<i>date approved</i>	<i>effective date</i>
Intractable Pain*	December 1, 2015	August 1, 2016
Post-Traumatic Stress Disorder (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
Alzheimer’s Disease	December 1, 2018	August 1, 2019
Chronic Pain	December 1, 2019	August 1, 2020
<i>*Added under the authority of Laws 2014, chapter 311, section 20.</i>		
Delivery Methods:	<i>date approved</i>	<i>effective date</i>
Topical Applications	December 1, 2016	August 1, 2017
Dissolvable oral update	December 1, 2019	August 1, 2020
Water-soluble cannabinoid multiparticulate	December 1, 2019	August 1, 2020

STATUTES

M.S. 152.22-152.37 Medical Cannabis Patient Registry Program
<https://www.revisor.mn.gov/statutes/?id=152.22>

Medical Cannabis

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base		Governor's Recommendation	
					FY22	FY23	FY22	FY23
<i>Expenditures by Fund</i>								
1000 - General	581	669	259	1,291	779	779	781	781
1200 - State Government Special Rev	1,157	1,159	2,091	1,962	1,962	1,962	1,962	1,962
2403 - Gift				2	1	1	1	1
Total	1,738	1,829	2,350	3,255	2,742	2,742	2,744	2,744
Biennial Change				2,039		(121)		(117)
Biennial % Change				57		(2)		(2)
Governor's Change from Base								4
Governor's % Change from Base								0

Expenditures by Category

Compensation	1,043	1,148	1,193	1,562	1,562	1,562	1,563	1,563
Operating Expenses	695	679	1,157	1,693	1,180	1,180	1,181	1,181
Other Financial Transaction		1						
Total	1,738	1,829	2,350	3,255	2,742	2,742	2,744	2,744

Total Agency Expenditures	1,738	1,829	2,350	3,255	2,742	2,742	2,744	2,744
Internal Billing Expenditures	217	218	375	422	422	422	422	422
Expenditures Less Internal Billing	1,521	1,610	1,975	2,833	2,320	2,320	2,322	2,322

Full-Time Equivalent

	11.09	13.05	13.95	14.74	14.74	14.74	14.74	14.74
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Medical Cannabis

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base		Governor's Recommendation	
					FY22	FY23	FY22	FY23
1000 - General								
Balance Forward In		192		512				
Direct Appropriation	750	762	771	779	779	779	781	781
Transfers Out		150						
Cancellations		135						
Balance Forward Out	169		512					
Expenditures	581	669	259	1,291	779	779	781	781
Biennial Change in Expenditures				299		8		12
Biennial % Change in Expenditures				24		1		1
Governor's Change from Base								4
Governor's % Change from Base								0
Full-Time Equivalents	1.71	4.43	0.56	0.21	0.21	0.21	0.21	0.21

1200 - State Government Special Rev

Balance Forward In				47				
Direct Appropriation	833	1,160	2,138	1,915	1,962	1,962	1,962	1,962
Transfers In	324							
Cancellations		1						
Balance Forward Out			47					
Expenditures	1,157	1,159	2,091	1,962	1,962	1,962	1,962	1,962
Biennial Change in Expenditures				1,737		(129)		(129)
Biennial % Change in Expenditures				75		(3)		(3)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	9.38	8.62	13.39	14.53	14.53	14.53	14.53	14.53

2403 - Gift

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

Medical Cannabis

Activity Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY18	FY19	FY20	FY21	FY22	FY23	FY22	FY23
Governor's % Change from Base								0

Program: Health Protection

<https://www.health.state.mn.us/about/org/index.html>

AT A GLANCE

Budget activities:

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

PURPOSE AND 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 are described in the following pages. The fiscal page for Health Protection reflects a summation of activities under this budget program area.

Health Protection

Program Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base		Governor's Recommendation	
					FY22	FY23	FY22	FY23
<i>Expenditures by Fund</i>								
1000 - General	14,059	18,886	22,610	33,121	24,712	24,281	25,087	24,868
1200 - State Government Special Rev	47,291	47,909	48,914	53,463	60,464	60,672	59,311	59,695
1251 - COVID-19 Minnesota			6,706	5,559				
2000 - Restrict Misc Special Revenue	1,219	1,520	800	3,056	1,711	1,700	1,711	1,700
2001 - Other Misc Special Revenue	11,048	14,211	25,707	17,450	7,878	7,616	7,878	7,616
2050 - Environment & Natural Resources		602	342	56				
2302 - Clean Water	4,653	5,232	5,665	9,210			5,955	5,955
2360 - Health Care Access	67	67						
2403 - Gift	5	4	1	1,043	3	3	3	3
2800 - Environmental	187	285	326	650	420	420	420	420
2801 - Remediation	240	286	232	282	257	257	257	257
3000 - Federal	56,661	61,355	58,045	454,412	58,677	56,070	58,677	56,070
8201 - Drinking Water Revolving	477	678	622	672	672	672	672	672
Total	135,907	151,036	169,970	578,974	154,794	151,691	159,971	157,256
Biennial Change				462,000		(442,459)		(431,717)
Biennial % Change				161		(59)		(58)
Governor's Change from Base								10,742
Governor's % Change from Base								4

Expenditures by Activity

Environmental Health	42,905	46,106	45,806	55,238	45,302	45,305	51,332	51,377
Infectious Disease	31,732	35,089	56,210	438,338	31,369	30,684	31,439	30,794
Public Health Laboratory	25,640	28,857	28,465	35,179	29,119	26,921	30,532	28,548
Health Regulation	35,632	40,986	39,488	50,219	49,004	48,781	46,668	46,537
Total	135,907	151,036	169,970	578,974	154,794	151,691	159,971	157,256

Expenditures by Category

Compensation	82,396	86,703	87,363	113,740	92,536	91,840	96,331	95,934
Operating Expenses	45,483	52,494	63,327	428,990	54,102	51,732	53,853	51,572
Grants, Aids and Subsidies	7,286	9,239	17,274	34,954	7,635	7,598	9,266	9,229
Capital Outlay-Real Property	727	2,551	1,981	1,276	507	507	507	507
Other Financial Transaction	15	49	25	14	14	14	14	14

Health Protection

Program Expenditure Overview

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY18	FY19	FY20	FY21	FY22	FY23	FY22	FY23
Total	135,907	151,036	169,970	578,974	154,794	151,691	159,971	157,256
Total Agency Expenditures	135,907	151,036	169,970	578,974	154,794	151,691	159,971	157,256
Internal Billing Expenditures	22,024	23,439	22,290	26,939	21,213	20,834	20,750	20,579
Expenditures Less Internal Billing	113,883	127,598	147,679	552,035	133,581	130,857	139,221	136,677
<u>Full-Time Equivalents</u>	875.58	893.76	918.33	1,020.43	872.89	866.35	909.14	903.60

Health Protection

Program Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base		Governor's Recommendation	
					FY22	FY23	FY22	FY23
1000 - General								
Balance Forward In		1,901		5,097				
Direct Appropriation	20,928	17,339	49,348	29,190	24,712	24,281	25,087	24,868
Transfers In	1,166	2,874	3,013	3,013				
Transfers Out	6,213	3,097	24,630	4,179				
Cancellations	17	131	25					
Balance Forward Out	1,806		5,096					
Expenditures	14,059	18,886	22,610	33,121	24,712	24,281	25,087	24,868
Biennial Change in Expenditures				22,786		(6,738)		(5,776)
Biennial % Change in Expenditures				69		(12)		(10)
Governor's Change from Base								962
Governor's % Change from Base								2
Full-Time Equivalents	54.03	63.65	84.58	133.55	101.36	101.36	101.36	101.36

1200 - State Government Special Rev

Balance Forward In	0	940		1,575				
Direct Appropriation	47,392	47,989	52,716	53,337	60,464	60,672	59,311	59,695
Open Appropriation	249							
Transfers In	150							
Transfers Out	345	295	2,226	1,449				
Cancellations		725						
Balance Forward Out	154		1,576					
Expenditures	47,291	47,909	48,914	53,463	60,464	60,672	59,311	59,695
Biennial Change in Expenditures				7,177		18,759		16,629
Biennial % Change in Expenditures				8		18		16
Governor's Change from Base								(2,130)
Governor's % Change from Base								(2)
Full-Time Equivalents	253.76	255.72	257.08	274.80	321.97	321.97	330.47	331.47

1251 - COVID-19 Minnesota

Balance Forward In				5,559				
Direct Appropriation			12,265					
Balance Forward Out			5,559					
Expenditures			6,706	5,559				

Health Protection

Program Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY18	FY19	FY20	FY21	FY22	FY23	FY22	FY23
Biennial Change in Expenditures				12,265		(12,265)		(12,265)
Biennial % Change in Expenditures						(100)		(100)
Governor's Change from Base								0
Governor's % Change from Base								

2000 - Restrict Misc Special Revenue

Balance Forward In	141	127	271	1,192	11		11	
Receipts	1,187	1,648	943	1,875	1,700	1,700	1,700	1,700
Transfers In			777					
Balance Forward Out	109	254	1,191	11				
Expenditures	1,219	1,520	800	3,056	1,711	1,700	1,711	1,700
Biennial Change in Expenditures				1,116		(445)		(445)
Biennial % Change in Expenditures				41		(12)		(12)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	4.95	7.46	4.56	9.34	7.78	7.70	7.78	7.70

2001 - Other Misc Special Revenue

Balance Forward In	3,443	8,081	8,267	10,134	300		300	
Receipts	10,184	14,057	6,690	7,616	7,578	7,616	7,578	7,616
Transfers In	5,000	185	46,440					
Transfers Out		185	25,554					
Balance Forward Out	7,578	7,927	10,135	300				
Expenditures	11,048	14,211	25,707	17,450	7,878	7,616	7,878	7,616
Biennial Change in Expenditures				17,898		(27,663)		(27,663)
Biennial % Change in Expenditures				71		(64)		(64)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	218.03	215.13	204.89	233.94	176.48	176.48	176.48	176.48

2050 - Environment & Natural Resources

Balance Forward In			398	56				
Direct Appropriation		1,000						

Health Protection

Program Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY18	FY19	FY20	FY21	FY22	FY23	FY22	FY23
Balance Forward Out		398	56					
Expenditures		602	342	56				
Biennial Change in Expenditures				(204)		(398)		(398)
Biennial % Change in Expenditures						(100)		(100)
Governor's Change from Base								0
Governor's % Change from Base								
Full-Time Equivalents			0.71					

2302 - Clean Water

Balance Forward In	1,110	1,575	1,879	2,713				
Direct Appropriation	4,787	5,107	6,497	6,497	0	0	5,955	5,955
Transfers In	150	150		800				
Transfers Out	150	150		800				
Cancellations		0						
Balance Forward Out	1,244	1,449	2,712					
Expenditures	4,653	5,232	5,665	9,210			5,955	5,955
Biennial Change in Expenditures				4,990		(14,875)		(2,965)
Biennial % Change in Expenditures				50		(100)		(20)
Governor's Change from Base								11,910
Governor's % Change from Base								
Full-Time Equivalents	26.18	27.83	26.34	31.53			27.75	27.75

2360 - Health Care Access

Transfers In	67	68						
Cancellations		1						
Expenditures	67	67						
Biennial Change in Expenditures				(134)		0		0
Biennial % Change in Expenditures				(100)				
Governor's Change from Base								0
Governor's % Change from Base								
Full-Time Equivalents	0.96	1.00	0.05					

2403 - Gift

Health Protection

Program Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY18	FY19	FY20	FY21	FY22	FY23	FY22	FY23
Balance Forward In	45	41	38	1,040				
Receipts	1	1	1,001	3	3	3	3	3
Balance Forward Out	41	38	1,039					
Expenditures	5	4	1	1,043	3	3	3	3
Biennial Change in Expenditures				1,034		(1,038)		(1,038)
Biennial % Change in Expenditures				11,094		(99)		(99)
Governor's Change from Base								0
Governor's % Change from Base								0

2800 - Environmental

Balance Forward In		51		230				
Transfers In	741	746	555	420	420	420	420	420
Transfers Out	512	512						
Cancellations		0						
Balance Forward Out	42		229					
Expenditures	187	285	326	650	420	420	420	420
Biennial Change in Expenditures				503		(136)		(136)
Biennial % Change in Expenditures				106		(14)		(14)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	1.65	1.96	2.53	3.55	3.08	3.08	3.08	3.08

2801 - Remediation

Balance Forward In		29		25				
Transfers In	255	257	257	257	257	257	257	257
Cancellations		0						
Balance Forward Out	15		25					
Expenditures	240	286	232	282	257	257	257	257
Biennial Change in Expenditures				(12)		0		0
Biennial % Change in Expenditures				(2)		(0)		(0)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	1.96	2.39	1.96	1.87	1.87	1.87	1.87	1.87

Health Protection

Program Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base		Governor's Recommendation	
					FY22	FY23	FY22	FY23

3000 - Federal

Balance Forward In	560	145	22	3,762				
Receipts	56,560	61,221	61,809	450,650	58,677	56,070	58,677	56,070
Balance Forward Out	459	11	3,785					
Expenditures	56,661	61,355	58,045	454,412	58,677	56,070	58,677	56,070
Biennial Change in Expenditures				394,441		(397,710)		(397,710)
Biennial % Change in Expenditures				334		(78)		(78)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	311.16	315.80	331.45	326.85	255.35	248.89	255.35	248.89

8201 - Drinking Water Revolving

Balance Forward In		146	10					
Transfers In	595	532	612	672	672	672	672	672
Balance Forward Out	118	0						
Expenditures	477	678	622	672	672	672	672	672
Biennial Change in Expenditures				139		50		50
Biennial % Change in Expenditures				12		4		4
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	2.90	2.82	4.18	5.00	5.00	5.00	5.00	5.00

Program: Health Protection

Activity: Environmental Health

<https://www.health.state.mn.us/about/org/eh/index.html>

AT A GLANCE

- Test drinking water at more than 7,000 public water systems.
- Ensure safe food, drinking water, lodging, and swimming pools in 24,000 establishments statewide
- Certify 12,000 food managers and support 36,000 active food managers annually.
- Regulate the installation of 6,000 new wells and the sealing of 7,000 wells no longer in use annually.
- Promote healthy indoor environments and the reduction of unnecessary radiation exposure for over 11,000 facilities and individual contractors.

PURPOSE AND 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. Environmental Health strives to protect, promote, and improve public health in Minnesota by monitoring and managing environmental health risks and hazards around the state 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.
- Keeping our indoor environments healthy.

SERVICES PROVIDED

The Drinking Water Protection Program

- Ensures compliance with safe drinking water standards in more than 7,000 public drinking water systems 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 approximately 24,000 public swimming pools, hotels, schools, resorts, restaurants, manufactured home parks, recreational camping areas, and children's camps.
- Provides 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

- Evaluates 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. Recommends actions to minimize exposures and manage risks.
- Develops risk analysis data that is used by government agencies and others to protect the general public, ground water and source water from environmental risks.

- Designs and tests 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.
- Tests and reduces 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

- Protects public health and groundwater resources by ensuring the proper construction, maintenance, and sealing of wells and borings.
- Contributes 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

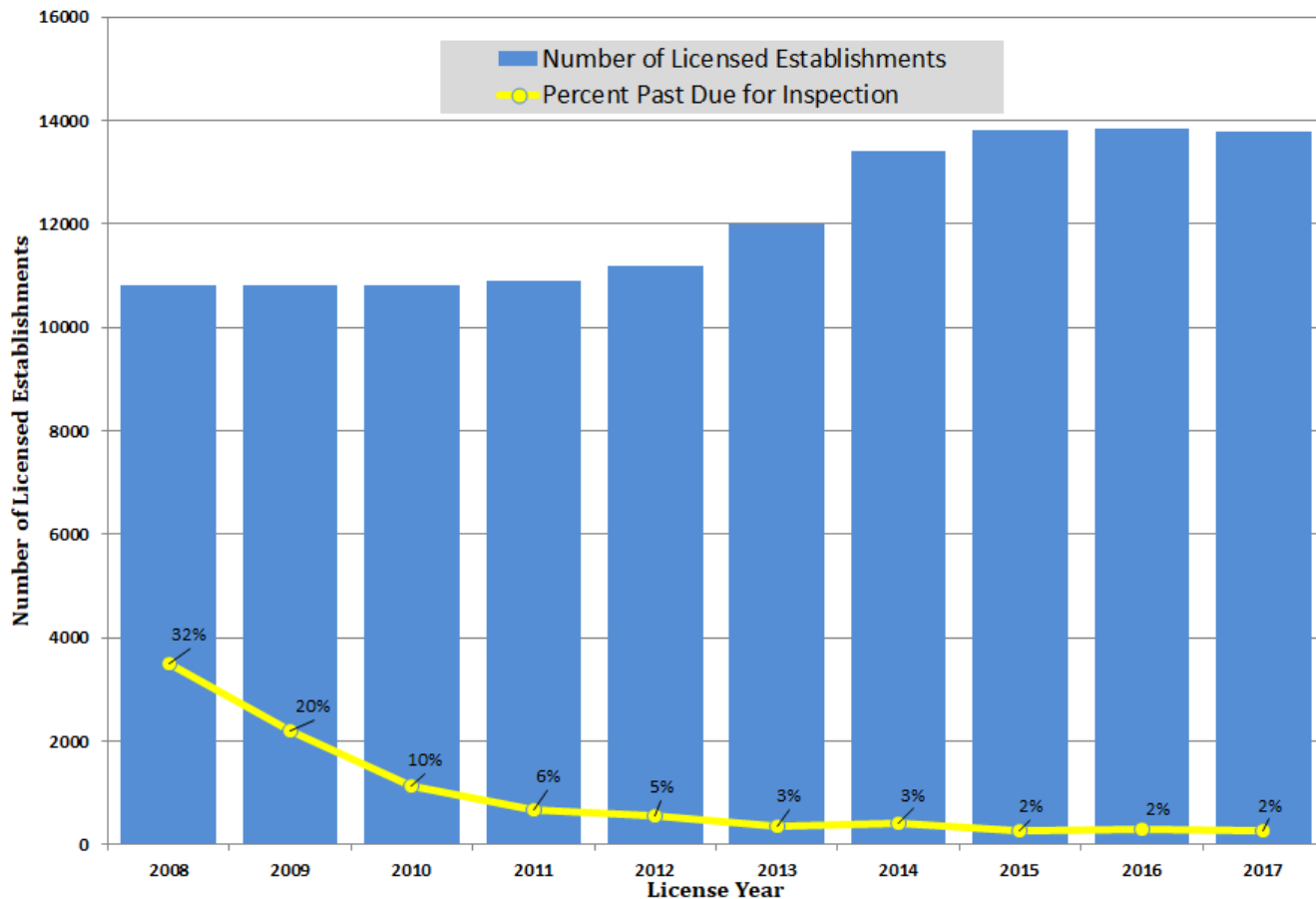
Our Food, Pools and Lodging Services (FPLS) staff ensure compliance with state health standards in most places where the public eats, sleeps, or swims. We accomplish this in partnership with locally delegated inspection agencies. MDH licenses and regulates about half of the hospitality businesses across the state and provides training, guidance, and technical assistance to the 30 delegated partners that license and regulate the remaining businesses. The table below presents the quantity of licensing and regulatory activities conducted by FPLS. The data does not include activities conducted by delegated partners.

Licensing and regulatory activities conducted by FPLS

Item	FY12	FY17	FY18	FY19
# of establishment licenses issued	11,222	15,147	15,175	15,639
# of inspections conducted	14,074	16,469	16,386	17,460
# of complaints investigated	Data not available			1,036
# of plans reviewed	516	513	601	736
# of documents created/ revised (fact sheets, forms and logs, guidance documents, construction guides)	Data not available	Data not available	Data not available	67
# of people standardized	Data not available	15	17	21
# of certified food protection manager credentials issued	11,540	11,339	12,044	13,054
# of registered sanitarian/registered environmental health specialist credentials issued	154	160	186	180
# of statewide hospitality fee invoices issued	10,678	10,112	9,419	8,962

FPLS is required to inspect regulated businesses at a frequency established in statute. The frequency ranges from 12 to 24 months depending on a number of factors including size of an establishment, the presence of a swimming pool on the property, how the facility obtains its drinking water and the complexity of the establishments' food preparation. One of the early metrics used by FPLS displayed the total number of establishments' license with an overlay of the percentage of facilities that were overdue for their mandatory inspection on December 1 of each year. FPLS transitioned away from compiling this metric as the percent overdue approached zero but continue to monitor that data point in a new way. For calendar year 2019, 2.6% of facilities were overdue for inspection on December 1.

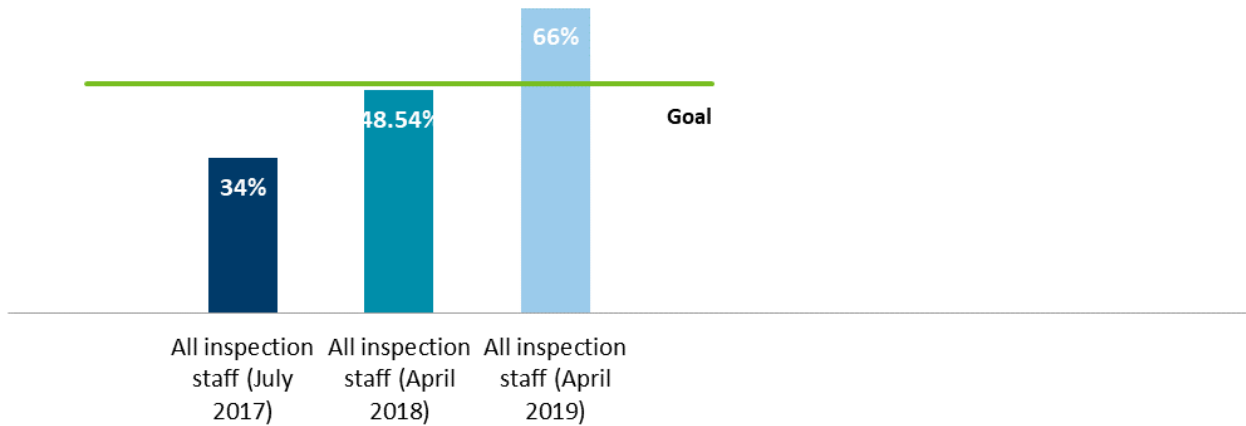
FPLS Inspection Frequency, 2008 - 2017



One important component of ensuring a safe and consistent food safety system is to ensure that staff are properly trained regardless of whether they work for MDH, a city, county, or multi-county community health board health department. FPLS devotes significant resources each year towards training state and delegated staff and the culmination of this training is known as standardization. This labor and time-intensive evaluation process ensures that inspection staff identify, document, and resolve risks during food safety inspections in a consistent manner. In 2017, FPLS p standardization as a priority across the state, with the goal of 50% staff – MDH and local – to be standardized by July 2020. Below is a chart that highlights FPLS's efforts to standardize staff statewide. Internally, 77% of MDH staff were standardized as of June 30, 2019.

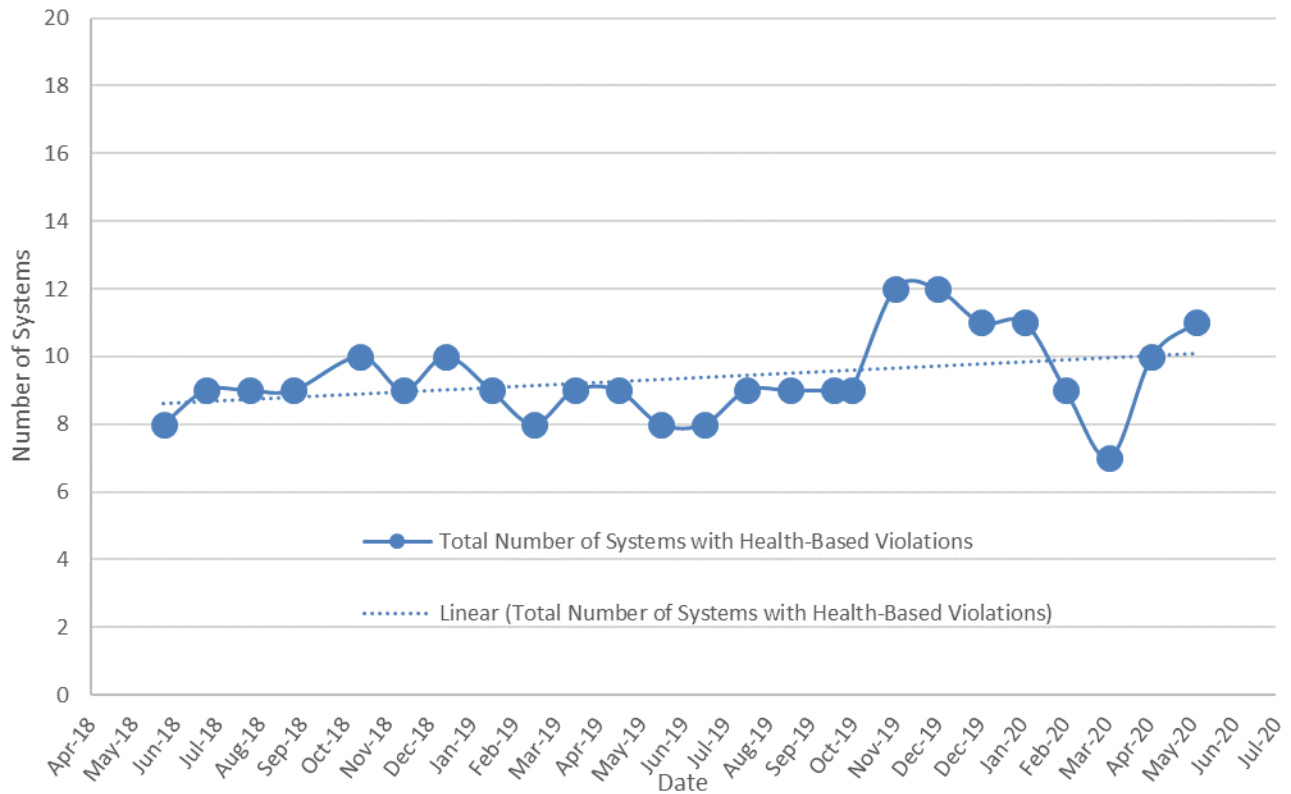
The percentage of MDH and delegated agency staff who are standardized almost doubled from July 2017 to April 2019.

ONLY 5 DELEGATED AGENCIES DO NOT HAVE AT LEAST 1 STANDARDIZED EMPLOYEE.



Our Drinking Water Protection staff track the current and projected number of public drinking water systems with health-based violations. The United States Environmental Protection Agency has identified this as an important measure and highlights work done by MDH, our partner community, and non-community water supplies to ensure safe drinking water. In addition to these high-level indicators, we also track frequency of specific health-based violations to monitor for trends in specific violations in community and non-community public water systems. For community systems, the number of facilities with a health-based violations represents about 1% of the total regulated community systems. For non-community systems, the number of facilities with a health-based violation represents about 0.2% of the total regulated community systems. Minnesota is among the national leaders when it comes to this measure, reporting over 99% of our community and non-community systems having zero health-based violations.

Current and projected number of systems with health-based violations - Community



STATUTES:

- M.R. 4620 Clean Indoor Air (<https://www.revisor.mn.gov/rules/4620/>)
- M.S. 1031.005 Well Management (<https://www.revisor.mn.gov/statutes/?id=1031.005>)
- M.S. 144.12, 144.122, 144.383, 446.081 Drinking Water Protection (<https://www.revisor.mn.gov/statutes/?id=144>)
- M.S. 144.1222 Public Pools; Enclosed Sports Arenas (<https://www.revisor.mn.gov/statutes/cite/144.1222>)
- M.S. 144.9502, M.R. 4717.8000 Environmental Surveillance and Assessment (<https://www.revisor.mn.gov/statutes/?id=144.9502>)
- M.S. 144.9512, 144.1202, 144.412 Environmental Surveillance and Assessment (<https://www.revisor.mn.gov/statutes/cite/144>)
- M.S. 157 Food, Pools & Lodging Services (<https://www.revisor.mn.gov/statutes/?id=157>)
- M.S. 326.70 Asbestos Abatement Act (<https://www.revisor.mn.gov/statutes/?id=326.70>)
- M.S. 327 Hotels, Motels, Resorts, and Manufactured Homes (<https://www.revisor.mn.gov/statutes/cite/327>)

Environmental Health

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base		Governor's Recommendation	
					FY22	FY23	FY22	FY23
<u>Expenditures by Fund</u>								
1000 - General	2,876	3,726	2,951	4,070	3,543	3,543	3,618	3,660
1200 - State Government Special Rev	24,526	25,433	27,441	30,551	30,524	30,524	30,524	30,524
2000 - Restrict Misc Special Revenue	274	256	267	481	273	273	273	273
2001 - Other Misc Special Revenue	5		1	2	2	2	2	2
2050 - Environment & Natural Resources		602	342	56				
2302 - Clean Water	4,347	5,026	5,368	8,780			5,955	5,955
2403 - Gift	2	0		1	1	1	1	1
2800 - Environmental	187	285	326	650	420	420	420	420
2801 - Remediation	240	286	232	282	257	257	257	257
3000 - Federal	9,971	9,812	8,255	9,693	9,610	9,613	9,610	9,613
8201 - Drinking Water Revolving	477	678	622	672	672	672	672	672
Total	42,905	46,106	45,806	55,238	45,302	45,305	51,332	51,377
Biennial Change				12,034		(10,437)		1,665
Biennial % Change				14		(10)		2
Governor's Change from Base								12,102
Governor's % Change from Base								13
<u>Expenditures by Category</u>								
Compensation	27,109	28,902	28,449	30,955	28,384	28,384	31,197	31,239
Operating Expenses	12,868	14,361	14,692	20,223	14,656	14,696	16,242	16,282
Grants, Aids and Subsidies	2,921	2,830	2,633	4,058	2,260	2,223	3,891	3,854
Capital Outlay-Real Property	5	1	30	1	1	1	1	1
Other Financial Transaction	1	12	1	1	1	1	1	1
Total	42,905	46,106	45,806	55,238	45,302	45,305	51,332	51,377
Total Agency Expenditures	42,905	46,106	45,806	55,238	45,302	45,305	51,332	51,377
Internal Billing Expenditures	6,910	7,036	7,503	8,156	6,955	6,855	6,955	6,855
Expenditures Less Internal Billing	35,995	39,069	38,303	47,082	38,347	38,450	44,377	44,522
<u>Full-Time Equivalent</u>	282.92	294.85	282.43	292.11	267.85	267.85	295.60	295.60

Environmental Health

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base		Governor's Recommendation	
					FY22	FY23	FY22	FY23
1000 - General								
Balance Forward In		522		527				
Direct Appropriation	3,397	3,458	3,502	3,543	3,543	3,543	3,618	3,660
Transfers In		107						
Transfers Out		350						
Cancellations		11	25					
Balance Forward Out	521		527					
Expenditures	2,876	3,726	2,951	4,070	3,543	3,543	3,618	3,660
Biennial Change in Expenditures				418		65		257
Biennial % Change in Expenditures				6		1		4
Governor's Change from Base								192
Governor's % Change from Base								3
Full-Time Equivalents	19.35	22.77	17.87	20.32	20.32	20.32	20.32	20.32

1200 - State Government Special Rev

Balance Forward In	0	263		644				
Direct Appropriation	24,676	25,346	28,085	29,907	30,524	30,524	30,524	30,524
Transfers Out	150							
Cancellations		176						
Balance Forward Out			644					
Expenditures	24,526	25,433	27,441	30,551	30,524	30,524	30,524	30,524
Biennial Change in Expenditures				8,033		3,056		3,056
Biennial % Change in Expenditures				16		5		5
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	168.56	172.16	172.10	180.48	180.48	180.48	180.48	180.48

2000 - Restrict Misc Special Revenue

Balance Forward In	129	124	241	208				
Receipts	252	366	234	273	273	273	273	273
Balance Forward Out	107	234	208					
Expenditures	274	256	267	481	273	273	273	273
Biennial Change in Expenditures				219		(202)		(202)
Biennial % Change in Expenditures				41		(27)		(27)

Environmental Health

Activity Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY18	FY19	FY20	FY21	FY22	FY23	FY22	FY23
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	1.66	1.80	1.12	3.11	1.96	1.96	1.96	1.96

2001 - Other Misc Special Revenue

Balance Forward In	5	4	4					
Receipts	4		1	2	2	2	2	2
Transfers Out			4					
Balance Forward Out	4	4	0					
Expenditures	5		1	2	2	2	2	2
Biennial Change in Expenditures				(2)		1		1
Biennial % Change in Expenditures						31		31
Governor's Change from Base								0
Governor's % Change from Base								0

2050 - Environment & Natural Resources

Balance Forward In			398	56				
Direct Appropriation		1,000						
Balance Forward Out		398	56					
Expenditures		602	342	56				
Biennial Change in Expenditures				(204)		(398)		(398)
Biennial % Change in Expenditures						(100)		(100)
Governor's Change from Base								0
Governor's % Change from Base								
Full-Time Equivalents			0.71					

2302 - Clean Water

Balance Forward In	958	1,445	1,704	2,558				
Direct Appropriation	4,687	5,007	6,222	6,222	0	0	5,955	5,955
Transfers In				800				
Transfers Out	150	150		800				
Cancellations		0						
Balance Forward Out	1,148	1,276	2,558					

Environmental Health

Activity Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY18	FY19	FY20	FY21	FY22	FY23	FY22	FY23
Expenditures	4,347	5,026	5,368	8,780			5,955	5,955
Biennial Change in Expenditures				4,776		(14,148)		(2,238)
Biennial % Change in Expenditures				51		(100)		(16)
Governor's Change from Base								11,910
Governor's % Change from Base								
Full-Time Equivalents	24.09	26.60	24.46	29.13			27.75	27.75

2403 - Gift

Balance Forward In	2	0						
Receipts				1	1	1	1	1
Balance Forward Out	0							
Expenditures	2	0		1	1	1	1	1
Biennial Change in Expenditures				(1)		1		1
Biennial % Change in Expenditures				(55)				
Governor's Change from Base								0
Governor's % Change from Base								0

2800 - Environmental

Balance Forward In		51		230				
Transfers In	741	746	555	420	420	420	420	420
Transfers Out	512	512						
Cancellations		0						
Balance Forward Out	42		229					
Expenditures	187	285	326	650	420	420	420	420
Biennial Change in Expenditures				503		(136)		(136)
Biennial % Change in Expenditures				106		(14)		(14)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	1.65	1.96	2.53	3.55	3.08	3.08	3.08	3.08

2801 - Remediation

Balance Forward In		29		25				
Transfers In	255	257	257	257	257	257	257	257

Environmental Health

Activity Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY18	FY19	FY20	FY21	FY22	FY23	FY22	FY23
Cancellations		0						
Balance Forward Out	15		25					
Expenditures	240	286	232	282	257	257	257	257
Biennial Change in Expenditures				(12)		0		0
Biennial % Change in Expenditures				(2)		(0)		(0)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	1.96	2.39	1.96	1.87	1.87	1.87	1.87	1.87

3000 - Federal

Balance Forward In			10					
Receipts	9,971	9,813	8,254	9,693	9,610	9,613	9,610	9,613
Balance Forward Out		1	8					
Expenditures	9,971	9,812	8,255	9,693	9,610	9,613	9,610	9,613
Biennial Change in Expenditures				(1,835)		1,275		1,275
Biennial % Change in Expenditures				(9)		7		7
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	62.75	64.35	57.50	48.65	55.14	55.14	55.14	55.14

8201 - Drinking Water Revolving

Balance Forward In		146	10					
Transfers In	595	532	612	672	672	672	672	672
Balance Forward Out	118	0						
Expenditures	477	678	622	672	672	672	672	672
Biennial Change in Expenditures				139		50		50
Biennial % Change in Expenditures				12		4		4
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	2.90	2.82	4.18	5.00	5.00	5.00	5.00	5.00

Program: Health Protection

Activity: Infectious Disease

<https://www.health.state.mn.us/about/org/idepc/index.html>

AT A GLANCE

- Managed treatment for 172 new tuberculosis cases and evaluated 1,759 individuals exposed to tuberculosis in 2019.
- Conducted 207 Infection Control Assessment and Resource (ICAR) visits (172- virtual and 35- onsite visits).
- Tested 7,813 individuals for HIV and 99% received their tests results and know their status in 2019.
- Investigated 950 cases of Lyme disease, 496 cases of anaplasmosis, and 49 cases of babesiosis in 2018.
- Investigated 1,107 cases of syphilis in 2019 and ensured treatment for 915.
- Coordinated programs to immunize the 70,000 infants born in Minnesota each year.
- Coordinated a program that provides free vaccines to one in every three children in Minnesota.
- Continued to work on a response to increases in hepatitis A and C, syphilis, and HIV that primarily impact persons experiencing homelessness and persons who use injection drugs.

PURPOSE AND CONTEXT

Infectious Disease, Epidemiology, Prevention, and Control 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.
- Collect, analyze, and publish data on infectious diseases.
- Recommend policy for detecting, preventing, or controlling infectious diseases.
- Coordinate with the health care and public health systems to prevent further transmission of diseases.
- Partner with other state agencies and local public health to prevent and control infectious disease.
- 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., Coronavirus, Ebola and Zika).
- Evaluate the effectiveness of our infectious disease activities.

SERVICES PROVIDED

Prevention of infectious disease

- Alert health care providers and the public about outbreaks and how to prevent them from spreading.
- 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.
- Distribute publicly purchased vaccines for children whose families cannot afford them.
- Provide leadership for the statewide immunization information system, which is used for coordinating mass vaccination for an emergency response (e.g., H1N1 and COVID-19).
- 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.
- 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.
- Evaluate the effectiveness of infectious disease public health programs by monitoring disease trends and outcomes.

Identify and investigate infectious disease threats

- Collect, analyze, and post daily COVID-19 data on testing, number of positive cases, hospitalizations, deaths.
- Maintain a 24/7 system to detect, investigate and control cases of infectious disease including emerging diseases, such as COVID-19, pandemic influenza, Ebola, and Zika.
- Analyze disease reports to identify unusual patterns of infectious disease, detect outbreaks, identify the cause, and implement control measures.
- Maintain a foodborne illness hotline to receive complaints from the public and identify possible foodborne outbreaks quickly.
- Coordinate refugee medical screenings to identify and treat health problems.

Mitigation of disease threats

- 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.
- Alert the public where and when the risk of infectious disease is the greatest.

RESULTS

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Results	Percent of foodborne disease outbreaks where the source was identified	60% or 24/40	63%* or 43/68	2017 2018
Results	Percent of people who received positive test results through MDH-funded HIV testing programs who were referred to care	87.87% or 29/33	53.33% or 24/45	2018 2019
Quality	Percent of early syphilis cases investigated for whom treatment was confirmed	96% or 560/581	95% or 720/755	2018 2019
Quality	Percent of eligible tuberculosis patients who complete therapy in 12 months	95.7% or 132/138	92.1% 129/139	2017 2018

* This exceeds the national level of 43% in the same year as reported by CDC’s National Outbreak Reporting System.

STATUTES

Minnesota Rules, Chapter 4604 and 4605. (<https://www.revisor.mn.gov/rules/?id=4604>)(
<https://www.revisor.mn.gov/rules/4605/>)
M.S. 121A.15 (<https://www.revisor.mn.gov/statutes/?id=121A.15>)
M.S. 13.3805 (<https://www.revisor.mn.gov/statutes/?id=13.3805>)
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>)
M.S. 214.17 – 214.25 (<https://www.revisor.mn.gov/statutes/cite/214.17>)

Infectious Disease

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base		Governor's Recommendation	
					FY22	FY23	FY22	FY23
<u>Expenditures by Fund</u>								
1000 - General	3,497	4,199	4,028	4,291	4,174	4,174	4,244	4,284
1200 - State Government Special Rev	177	171	107					
1251 - COVID-19 Minnesota			6,706	5,559				
2000 - Restrict Misc Special Revenue	522	639	387	1,218	1,055	1,044	1,055	1,044
2001 - Other Misc Special Revenue	2,202	1,695	18,385	10,426	1,491	1,229	1,491	1,229
2302 - Clean Water	96	38	138	275				
2403 - Gift	3	4	1	40	1	1	1	1
3000 - Federal	25,234	28,343	26,459	416,529	24,648	24,236	24,648	24,236
Total	31,732	35,089	56,210	438,338	31,369	30,684	31,439	30,794
Biennial Change				427,728		(432,495)		(432,315)
Biennial % Change				640		(87)		(87)
Governor's Change from Base								180
Governor's % Change from Base								0
<u>Expenditures by Category</u>								
Compensation	17,918	18,400	19,860	35,032	16,627	16,314	16,666	16,393
Operating Expenses	9,448	10,246	21,460	372,425	9,382	9,010	9,413	9,041
Grants, Aids and Subsidies	4,365	6,409	14,635	30,874	5,353	5,353	5,353	5,353
Capital Outlay-Real Property		15	251					
Other Financial Transaction		19	5	7	7	7	7	7
Total	31,732	35,089	56,210	438,338	31,369	30,684	31,439	30,794
Total Agency Expenditures	31,732	35,089	56,210	438,338	31,369	30,684	31,439	30,794
Internal Billing Expenditures	4,371	4,796	4,952	8,199	4,247	4,168	4,247	4,168
Expenditures Less Internal Billing	27,360	30,293	51,258	430,139	27,122	26,516	27,192	26,626
<u>Full-Time Equivalent</u>	206.34	205.58	248.15	277.83	156.71	153.77	156.71	153.77

Infectious Disease

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base FY22 FY23		Governor's Recommendation FY22 FY23	
1000 - General								
Balance Forward In		611		117				
Direct Appropriation	9,067	4,113	25,034	4,174	4,174	4,174	4,244	4,284
Transfers Out	5,000	416	20,889					
Cancellations	17	108						
Balance Forward Out	554		117					
Expenditures	3,497	4,199	4,028	4,291	4,174	4,174	4,244	4,284
Biennial Change in Expenditures				623		29		209
Biennial % Change in Expenditures				8		0		3
Governor's Change from Base								180
Governor's % Change from Base								2
Full-Time Equivalents	16.48	17.64	14.81	18.88	18.88	18.88	18.88	18.88

1200 - State Government Special Rev

Balance Forward In		46						
Direct Appropriation	214	214	107					
Cancellations		89						
Balance Forward Out	37							
Expenditures	177	171	107					
Biennial Change in Expenditures				(241)		(107)		(107)
Biennial % Change in Expenditures				(69)				
Governor's Change from Base								0
Governor's % Change from Base								
Full-Time Equivalents	1.20	1.08	0.63					

1251 - COVID-19 Minnesota

Balance Forward In				5,559				
Direct Appropriation			12,265					
Balance Forward Out			5,559					
Expenditures			6,706	5,559				
Biennial Change in Expenditures				12,265		(12,265)		(12,265)
Biennial % Change in Expenditures						(100)		(100)
Governor's Change from Base								0
Governor's % Change from Base								

Infectious Disease

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base		Governor's Recommendation	
					FY22	FY23	FY22	FY23

2000 - Restrict Misc Special Revenue

Balance Forward In	12	3	20	15	11		11	
Receipts	512	656	382	1,214	1,044	1,044	1,044	1,044
Balance Forward Out	2	20	15	11				
Expenditures	522	639	387	1,218	1,055	1,044	1,055	1,044
Biennial Change in Expenditures				444		494		494
Biennial % Change in Expenditures				38		31		31
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	2.34	2.99	2.43	5.12	4.71	4.63	4.71	4.63

2001 - Other Misc Special Revenue

Balance Forward In	1,799	6,098	6,132	9,497	300		300	
Receipts	1,496	1,694	863	1,229	1,191	1,229	1,191	1,229
Transfers In	5,000	185	46,440					
Transfers Out		185	25,551					
Balance Forward Out	6,093	6,097	9,498	300				
Expenditures	2,202	1,695	18,385	10,426	1,491	1,229	1,491	1,229
Biennial Change in Expenditures				24,914		(26,091)		(26,091)
Biennial % Change in Expenditures				639		(91)		(91)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	11.47	8.64	34.33	63.60	7.01	7.01	7.01	7.01

2302 - Clean Water

Balance Forward In	84	100	162	150				
Direct Appropriation	100	100	125	125	0	0	0	0
Cancellations		0						
Balance Forward Out	88	162	149					
Expenditures	96	38	138	275				
Biennial Change in Expenditures				279		(413)		(413)
Biennial % Change in Expenditures				208		(100)		(100)

Infectious Disease

Activity Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY18	FY19	FY20	FY21	FY22	FY23	FY22	FY23
Governor's Change from Base								0
Governor's % Change from Base								
Full-Time Equivalents	0.91	0.31	0.88	1.40				

2403 - Gift

Balance Forward In	43	41	38	39				
Receipts	1	1	1	1	1	1	1	1
Balance Forward Out	41	38	39					
Expenditures	3	4	1	40	1	1	1	1
Biennial Change in Expenditures				33		(39)		(39)
Biennial % Change in Expenditures				470		(95)		(95)
Governor's Change from Base								0
Governor's % Change from Base								0

3000 - Federal

Balance Forward In	116	0	12	2,955				
Receipts	25,133	28,343	29,418	413,574	24,648	24,236	24,648	24,236
Balance Forward Out	15	0	2,971					
Expenditures	25,234	28,343	26,459	416,529	24,648	24,236	24,648	24,236
Biennial Change in Expenditures				389,411		(394,104)		(394,104)
Biennial % Change in Expenditures				727		(89)		(89)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	173.94	174.92	195.07	188.83	126.11	123.25	126.11	123.25

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 2020, the lab received 41,563 samples and performed 111,313 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 2019, the lab performed 56,688 tests on 39,920 samples. In FY 2020, the lab performed 113,322 tests on 81,302 samples which include 40,187 COVID tests.
- Screen for rare disorders in newborn babies, including hearing loss and critical congenital heart disease. In FY2020 the lab screened 64,203 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 health outcomes.
- Identifying chemical, radiological and biological hazards.
- Preparing and responding to emergencies.
- 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 including drugs of abuse and other emerging public health threats (e.g., lung injuries associated with vaping).
- 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 disease-causing microbes including flu, parasites and other things that make people sick. We also test for rare and/or emerging threats such as COVID, rabies, Ebola, and Zika virus.
- Perform DNA fingerprinting 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.

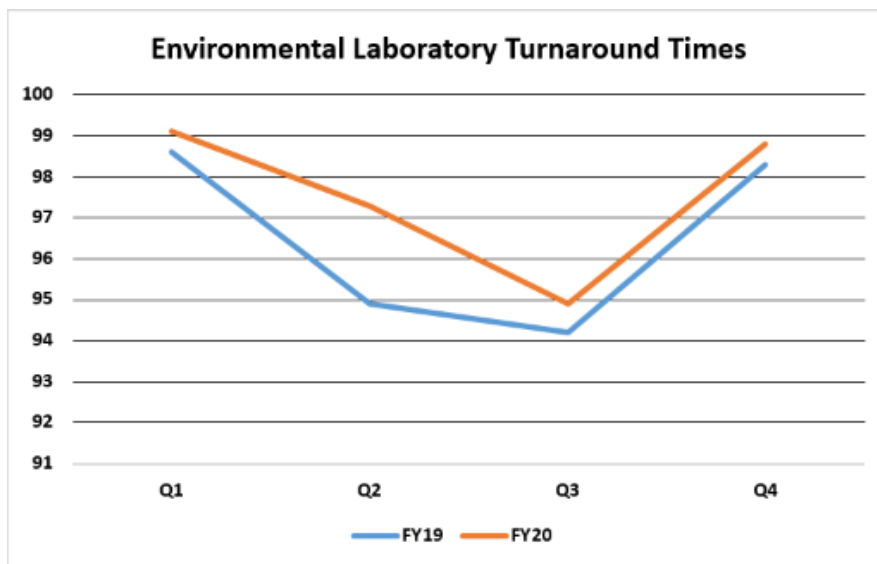
- Screen all Minnesota newborns for 61 treatable, hidden, rare disorders including hearing loss and critical congenital heart disease.
- Ensure that treatable disorders are detected and babies receive follow-up testing and care, resulting in improved long-term health outcomes and quality of life for 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.

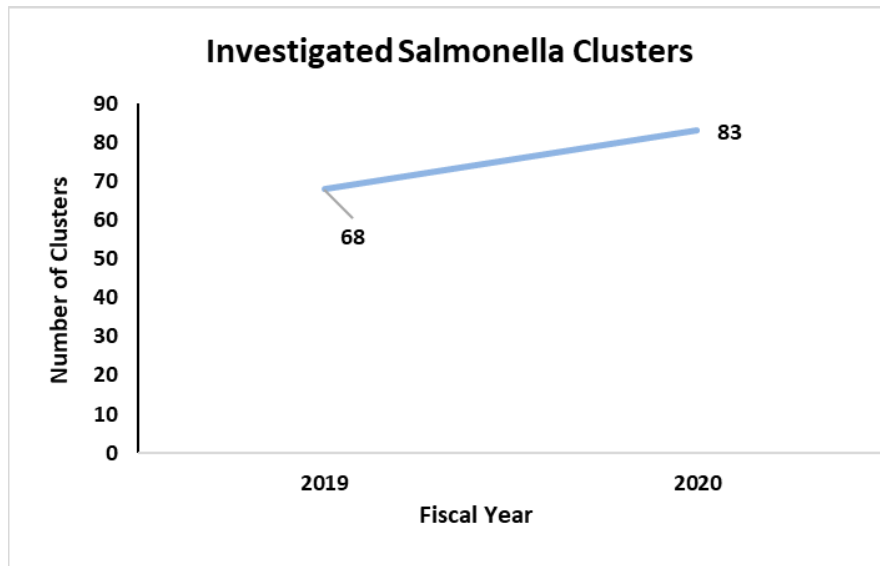
RESULTS

Percent of environmental samples tested and reported to partners within specified timeframe



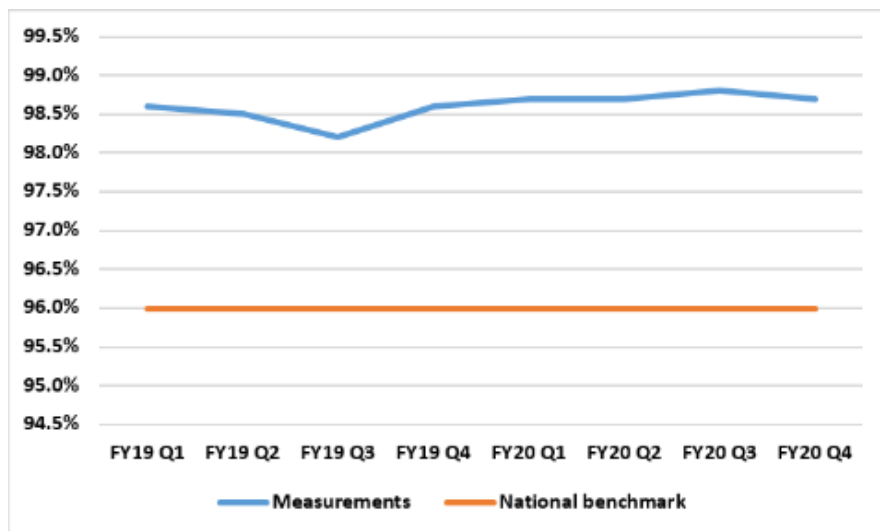
Turnaround times, i.e. the time it takes to test a sample and report the results, ensures that our program partners receive timely information to make decisions about what actions they need to take to protect public health. This graph shows the percent of time the laboratory is able to meet the expected turnaround time. 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 clusters identified by MDH using Whole Genome Sequencing in FY 2019 and 2020



MDH uses whole genome sequencing to identify cases of *Salmonella* that are genetically closely related (also known as clusters). MDH epidemiologists interview the cases to determine if they have a common exposure to identify the source of the illness. Identifying the source of illness and establishing preventive measure is critical to preventing additional cases of illness. MDH continues to enhance test methods to find more clusters and prevent illness.

Percent of newborn screening samples collected within 48 hours of birth in FY 2019 and FY 2020



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.

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>) 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>)

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 FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base		Governor's Recommendation	
					FY22	FY23	FY22	FY23
<u>Expenditures by Fund</u>								
1000 - General	1,747	3,263	3,004	3,633	2,586	2,586	2,652	2,690
1200 - State Government Special Rev	8,850	8,639	8,779	9,100	9,100	9,100	10,447	10,623
2000 - Restrict Misc Special Revenue	141	313	145	198	198	198	198	198
2001 - Other Misc Special Revenue	4,069	4,129	5,285	4,986	4,349	4,349	4,349	4,349
2302 - Clean Water	209	168	158	155				
2403 - Gift				1,002	1	1	1	1
3000 - Federal	10,623	12,346	11,094	16,105	12,885	10,687	12,885	10,687
Total	25,640	28,857	28,465	35,179	29,119	26,921	30,532	28,548
Biennial Change				9,148		(7,604)		(4,564)
Biennial % Change				17		(12)		(7)
Governor's Change from Base								3,040
Governor's % Change from Base								5

Expenditures by Category

Compensation	12,251	12,903	13,129	15,251	13,435	13,052	14,286	14,028
Operating Expenses	12,654	13,401	13,623	18,626	15,151	13,336	15,713	13,987
Grants, Aids and Subsidies			7	22	22	22	22	22
Capital Outlay-Real Property	722	2,535	1,700	1,275	506	506	506	506
Other Financial Transaction	12	18	7	5	5	5	5	5
Total	25,640	28,857	28,465	35,179	29,119	26,921	30,532	28,548

Total Agency Expenditures	25,640	28,857	28,465	35,179	29,119	26,921	30,532	28,548
Internal Billing Expenditures	4,287	4,415	4,173	4,740	4,167	3,967	4,167	3,967
Expenditures Less Internal Billing	21,353	24,442	24,292	30,439	24,952	22,954	26,365	24,581

<u>Full-Time Equivalent</u>	141.49	142.48	149.37	143.88	126.74	123.14	135.24	132.64
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Public Health Laboratory

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base		Governor's Recommendation	
					FY22	FY23	FY22	FY23
1000 - General								
Balance Forward In		745		392				
Direct Appropriation	2,478	2,524	3,396	3,241	2,586	2,586	2,652	2,690
Transfers In		250						
Transfers Out		250						
Cancellations		7						
Balance Forward Out	731		392					
Expenditures	1,747	3,263	3,004	3,633	2,586	2,586	2,652	2,690
Biennial Change in Expenditures				1,628		(1,465)		(1,295)
Biennial % Change in Expenditures				32		(22)		(20)
Governor's Change from Base								170
Governor's % Change from Base								3
Full-Time Equivalents	16.35	21.74	21.97	17.92	17.92	17.92	17.92	17.92

1200 - State Government Special Rev

Balance Forward In		622		267				
Direct Appropriation	9,085	8,595	9,046	8,833	9,100	9,100	10,447	10,623
Transfers Out	118	118						
Cancellations		460						
Balance Forward Out	117		267					
Expenditures	8,850	8,639	8,779	9,100	9,100	9,100	10,447	10,623
Biennial Change in Expenditures				390		321		3,191
Biennial % Change in Expenditures				2		2		18
Governor's Change from Base								2,870
Governor's % Change from Base								16
Full-Time Equivalents	35.22	33.27	34.12	30.71	30.71	30.71	39.21	40.21

2000 - Restrict Misc Special Revenue

Balance Forward In			10					
Receipts	141	313	135	198	198	198	198	198
Expenditures	141	313	145	198	198	198	198	198
Biennial Change in Expenditures				(110)		53		53
Biennial % Change in Expenditures				(24)		15		15
Governor's Change from Base								0

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY18	FY19	FY20	FY21	FY22	FY23	FY22	FY23
Governor's % Change from Base								0
Full-Time Equivalents	0.95	0.81	0.95	1.11	1.11	1.11	1.11	1.11

2001 - Other Misc Special Revenue

Balance Forward In	1,580	1,713	2,132	637				
Receipts	3,971	4,242	3,790	4,349	4,349	4,349	4,349	4,349
Balance Forward Out	1,481	1,826	636					
Expenditures	4,069	4,129	5,285	4,986	4,349	4,349	4,349	4,349
Biennial Change in Expenditures				2,073		(1,573)		(1,573)
Biennial % Change in Expenditures				25		(15)		(15)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	29.99	25.82	27.57	23.52	22.65	22.65	22.65	22.65

2302 - Clean Water

Balance Forward In	68	29	13	5				
Direct Appropriation			150	150	0	0	0	0
Transfers In	150	150						
Balance Forward Out	9	11	5					
Expenditures	209	168	158	155				
Biennial Change in Expenditures				(64)		(313)		(313)
Biennial % Change in Expenditures				(17)		(100)		(100)
Governor's Change from Base								0
Governor's % Change from Base								
Full-Time Equivalents	1.18	0.92	1.00	1.00				

2403 - Gift

Balance Forward In				1,001				
Receipts			1,001	1	1	1	1	1
Balance Forward Out			1,001					
Expenditures				1,002	1	1	1	1
Biennial Change in Expenditures				1,002		(1,000)		(1,000)
Biennial % Change in Expenditures								

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY18	FY19	FY20	FY21	FY22	FY23	FY22	FY23
Governor's Change from Base								0
Governor's % Change from Base								0

3000 - Federal

Balance Forward In	444		0	506				
Receipts	10,623	12,356	11,600	15,599	12,885	10,687	12,885	10,687
Balance Forward Out	443	10	506					
Expenditures	10,623	12,346	11,094	16,105	12,885	10,687	12,885	10,687
Biennial Change in Expenditures				4,230		(3,627)		(3,627)
Biennial % Change in Expenditures				18		(13)		(13)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	57.80	59.92	63.76	69.62	54.35	50.75	54.35	50.75

Program: Health Protection

Activity: Health Regulation

<https://www.health.state.mn.us/about/org/hrd/index.html>

AT A GLANCE

- Monitor 4,200 health care facilities and providers for safety and quality.
- Review qualifications and regulate more than 6,700 health professionals.
- Enforce interagency agreement with the Department of Human Services who conducts 130,000 criminal background checks for healthcare workers at facilities that MDH regulates.
- Maintain a registry of more than 60,000 nursing assistants.
- Inspect 560 funeral establishments and license 1,150 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.
- Review plans and inspect approximately 240 healthcare construction projects per year with total construction costs over \$500 million.
- Register more than 3,400 spoken language health interpreters.

PURPOSE & CONTEXT

Health Regulation staff at MDH perform various regulatory activities, such as:

- Issuing state licenses and federal certifications.
- Completing inspections, investigations, reviews, or audits.
- Administering registries.
- Taking compliance or enforcement actions when necessary.
- Providing information to consumers and providers.

We regulate 40 different types of providers and organizations including healthcare facilities, health professions, and body artists and piercers. Our regulatory activities protect Minnesotans from before birth, such our doula registry program, to after death, such as our oversight of morticians and funeral establishments. We have a strong relationship with the Centers for Medicare and Medicaid Services (CMS) for the many health facilities that are federally certified. We protect the health and safety of Minnesota's nursing home residents, home care clients, hospital patients, people with intellectual disabilities, families obtaining services at funeral establishments, birth center clients, body art establishment clients, and other clients of health care.

Much of our 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. We are working towards implementation of an integrated Assisted Living license that will provide regulatory oversight of the housing and services under a single license. The new license will provide more comprehensive oversight of both and offer greater protections to the residents living in these facilities.

SERVICES PROVIDED

Licensing and Certification

- Evaluate license, registration or federal certification submissions from applicants contain 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.
- Conduct audits of federally certified nursing homes to ensure they are accurately completing the resident health assessment and billing Medicaid appropriately for services provided.

Full Home Care Surveys Completed within 3-years of Licensing					
	2015	2016	2017	2018	2019
Providers Eligible for Survey	36	64	87	84	129
% Providers with full Survey completed within 3 years	8%	6%	91%	100%	85%

Complaints, Investigations, and 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.

MDH maltreatment investigation timeliness, FY 2017-2019			
Investigation Timeliness	FY 2017	FY 2018	FY 2019
Investigations	977	992	960
Total Completed Within 60 Days	65	115	209
Average Days to Complete	205	128	105
Percent On Time	7%	12%	22%

RESULTS

Type of Measure	Name of Measure	Previous	Current	Dates
Quantity	Federal standard: inspect each nursing home at least every 15.9 months	100%	100%	FY 2018* FY 2019*
Quantity	Inspect each temporary home care license within the first twelve months	100%	100%	FY 2017 FY 2018
Quantity	Inspect each licensed home care provider at least once every three years	29%	30%	FY 2017 FY 2018
Quality	Enforcement Actions (licenses denied or issued with conditions)	3	26	FY 2017 FY 2018

* is measured for the federal fiscal year period from October 1 to September 30 of the following year.

STATUTES

- M.S. 144.0572 Criminal history background checks on applicants, licensees, and other occupations regulated by commissioner of health (<https://www.revisor.mn.gov/statutes/cite/144.0572>)
- M.S. 144.058 Spoken language health care interpreters (<https://www.revisor.mn.gov/statutes/?id=144.058>)
- M.S. 144.0724 (and 256B.438) Case mix (<https://www.revisor.mn.gov/statutes/?id=144.0724>)
- M.S. 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>)
- M.S. 144A.46 Office health facility complaints (<https://www.revisor.mn.gov/statutes/?id=144A.46>)
- M.S. 144D Housing with services establishment (<https://www.revisor.mn.gov/statutes/cite/144D>)
- M.S. 144G.01-144G.07 Assisted living (<https://www.revisor.mn.gov/statutes/cite/144G>)
- M.S. 146A Complementary and alternative health care practices (<https://www.revisor.mn.gov/statutes/?id=146A>)
- M.S. 146B Body Art (<https://www.revisor.mn.gov/statutes/?id=146B>)
- M.S. 148.511 – 148.5198 Speech language pathologists and audiologists licensing (<https://www.revisor.mn.gov/statutes/?id=148.511>)
- M.S. 148.6401 Occupational therapists and assistants (<https://www.revisor.mn.gov/statutes/?id=148.6401>)
- M.S. 148.995 Doula registry (<https://www.revisor.mn.gov/statutes/?id=148.995>)
- M.S. 149A Mortuary science; disposition of dead bodies (<https://www.revisor.mn.gov/statutes/?id=149A>)
- M.S. 153A Hearing instrument dispensing (<https://www.revisor.mn.gov/statutes/?id=153A>)

Health Regulation

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base		Governor's Recommendation	
					FY22	FY23	FY22	FY23
<u>Expenditures by Fund</u>								
1000 - General	5,939	7,698	12,627	21,127	14,409	13,978	14,573	14,234
1200 - State Government Special Rev	13,739	13,666	12,588	13,812	20,840	21,048	18,340	18,548
2000 - Restrict Misc Special Revenue	282	313		1,159	185	185	185	185
2001 - Other Misc Special Revenue	4,771	8,387	2,036	2,036	2,036	2,036	2,036	2,036
2360 - Health Care Access	67	67						
3000 - Federal	10,833	10,854	12,237	12,085	11,534	11,534	11,534	11,534
Total	35,632	40,986	39,488	50,219	49,004	48,781	46,668	46,537
Biennial Change				13,090		8,078		3,498
Biennial % Change				17		9		4
Governor's Change from Base								(4,580)
Governor's % Change from Base								(5)
<u>Expenditures by Category</u>								
Compensation	25,118	26,499	25,925	32,502	34,090	34,090	34,182	34,274
Operating Expenses	10,513	14,487	13,551	17,716	14,913	14,690	12,485	12,262
Other Financial Transaction	1	0	12	1	1	1	1	1
Total	35,632	40,986	39,488	50,219	49,004	48,781	46,668	46,537
Total Agency Expenditures	35,632	40,986	39,488	50,219	49,004	48,781	46,668	46,537
Internal Billing Expenditures	6,456	7,193	5,662	5,844	5,844	5,844	5,381	5,589
Expenditures Less Internal Billing	29,175	33,793	33,826	44,375	43,160	42,937	41,287	40,948
<u>Full-Time Equivalent</u>	244.83	250.85	238.38	306.61	321.59	321.59	321.59	321.59

Health Regulation

Activity Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base		Governor's Recommendation	
					FY22	FY23	FY22	FY23
1000 - General								
Balance Forward In		23		4,061				
Direct Appropriation	5,986	7,244	17,416	18,232	14,409	13,978	14,573	14,234
Transfers In	1,166	2,517	3,013	3,013				
Transfers Out	1,213	2,081	3,741	4,179				
Cancellations		5						
Balance Forward Out			4,061					
Expenditures	5,939	7,698	12,627	21,127	14,409	13,978	14,573	14,234
Biennial Change in Expenditures				20,117		(5,367)		(4,947)
Biennial % Change in Expenditures				148		(16)		(15)
Governor's Change from Base								420
Governor's % Change from Base								1
Full-Time Equivalents	1.85	1.50	29.93	76.43	44.24	44.24	44.24	44.24

1200 - State Government Special Rev

Balance Forward In		9		664				
Direct Appropriation	13,417	13,834	15,478	14,597	20,840	21,048	18,340	18,548
Open Appropriation	249							
Transfers In	150							
Transfers Out	77	177	2,226	1,449				
Balance Forward Out			664					
Expenditures	13,739	13,666	12,588	13,812	20,840	21,048	18,340	18,548
Biennial Change in Expenditures				(1,006)		15,488		10,488
Biennial % Change in Expenditures				(4)		59		40
Governor's Change from Base								(5,000)
Governor's % Change from Base								(12)
Full-Time Equivalents	48.78	49.21	50.23	63.61	110.78	110.78	110.78	110.78

2000 - Restrict Misc Special Revenue

Balance Forward In				969				
Receipts	282	313	192	190	185	185	185	185
Transfers In			777					
Balance Forward Out			969					
Expenditures	282	313		1,159	185	185	185	185

Health Regulation

Activity Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY18	FY19	FY20	FY21	FY22	FY23	FY22	FY23
Biennial Change in Expenditures				564		(789)		(789)
Biennial % Change in Expenditures				95				
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents		1.86	0.06					

2001 - Other Misc Special Revenue

Balance Forward In	58	266						
Receipts	4,713	8,121	2,036	2,036	2,036	2,036	2,036	2,036
Transfers Out		0						
Balance Forward Out	0							
Expenditures	4,771	8,387	2,036	2,036	2,036	2,036	2,036	2,036
Biennial Change in Expenditures				(9,086)		0		0
Biennial % Change in Expenditures				(69)		0		0
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	176.57	180.67	142.99	146.82	146.82	146.82	146.82	146.82

2360 - Health Care Access

Transfers In	67	68						
Cancellations		1						
Expenditures	67	67						
Biennial Change in Expenditures				(134)		0		0
Biennial % Change in Expenditures				(100)				
Governor's Change from Base								0
Governor's % Change from Base								
Full-Time Equivalents	0.96	1.00	0.05					

3000 - Federal

Balance Forward In		145		301				
Receipts	10,833	10,708	12,537	11,784	11,534	11,534	11,534	11,534
Balance Forward Out			300					
Expenditures	10,833	10,854	12,237	12,085	11,534	11,534	11,534	11,534

Health Regulation

Activity Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY18	FY19	FY20	FY21	FY22	FY23	FY22	FY23
Biennial Change in Expenditures				2,635		(1,254)		(1,254)
Biennial % Change in Expenditures				12		(5)		(5)
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	16.67	16.61	15.12	19.75	19.75	19.75	19.75	19.75

Program: Health Operations

<https://www.health.state.mn.us/about/mdh.html>

AT A GLANCE

Budget activity:

- Health Operations

PURPOSE AND CONTEXT

Minnesota's public health system is known as one of the best in the nation. It is built upon a strong partnership between the Minnesota Department of Health, local public health agencies, tribal governments, and a range of other organizations. Health Operations provides overall vision and strategic leadership to achieve our mission and create effective public health policy and practice in Minnesota.

Health Operations

Program Expenditure Overview

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base		Governor's Recommendation	
					FY22	FY23	FY22	FY23
<u>Expenditures by Fund</u>								
1000 - General	9,181	7,819	9,383	13,636	11,504	11,504	11,522	11,531
1251 - COVID-19 Minnesota			36,000					
2000 - Restrict Misc Special Revenue	6	1	1	3	3	3	3	3
2001 - Other Misc Special Revenue	30,707	34,549	33,353	38,620	38,700	39,946	38,700	39,946
2403 - Gift	13	7	1	28	6	6	6	6
3000 - Federal	460	766	1,550	2,019	1,519	1,519	1,519	1,519
Total	40,368	43,141	80,289	54,306	51,732	52,978	51,750	53,005
Biennial Change				51,086		(29,885)		(29,840)
Biennial % Change				61		(22)		(22)
Governor's Change from Base								45
Governor's % Change from Base								0
<u>Expenditures by Activity</u>								
Health Operations	40,368	43,141	80,289	54,306	51,732	52,978	51,750	53,005
Total	40,368	43,141	80,289	54,306	51,732	52,978	51,750	53,005
<u>Expenditures by Category</u>								
Compensation	13,019	13,250	13,781	17,420	17,309	17,309	17,319	17,328
Operating Expenses	27,347	29,878	66,455	36,603	34,140	35,386	34,148	35,394
Grants, Aids and Subsidies	0							
Capital Outlay-Real Property		1	28	280	280	280	280	280
Other Financial Transaction	1	12	25	3	3	3	3	3
Total	40,368	43,141	80,289	54,306	51,732	52,978	51,750	53,005
Total Agency Expenditures	40,368	43,141	80,289	54,306	51,732	52,978	51,750	53,005
Internal Billing Expenditures	424	492	820	817	817	817	817	817
Expenditures Less Internal Billing	39,944	42,649	79,469	53,489	50,915	52,161	50,933	52,188
<u>Full-Time Equivalent</u>	126.88	125.43	128.35	164.31	163.27	163.27	163.27	163.27

Health Operations

Program Financing by Fund

(Dollars in Thousands)

	Actual FY18	Actual FY19	Actual FY20	Estimate FY21	Forecast Base		Governor's Recommendation	
					FY22	FY23	FY22	FY23
1000 - General								
Balance Forward In		97		1,872				
Direct Appropriation	9,357	9,888	10,598	10,385	11,552	11,552	11,570	11,579
Transfers In	73	843	874	1,475	48	48	48	48
Transfers Out	152	2,953	217	96	96	96	96	96
Cancellations		57						
Balance Forward Out	97		1,872					
Expenditures	9,181	7,819	9,383	13,636	11,504	11,504	11,522	11,531
Biennial Change in Expenditures				6,019		(11)		34
Biennial % Change in Expenditures				35		(0)		0
Governor's Change from Base								45
Governor's % Change from Base								0
Full-Time Equivalents	2.47	2.49	2.55	4.93	4.93	4.93	4.93	4.93

1251 - COVID-19 Minnesota

Direct Appropriation			36,000					
Expenditures			36,000					
Biennial Change in Expenditures				36,000		(36,000)		(36,000)
Biennial % Change in Expenditures								
Governor's Change from Base								0
Governor's % Change from Base								

2000 - Restrict Misc Special Revenue

Balance Forward In	25	29	31	34	35	36	35	36
Receipts	9	4	4	4	4	4	4	4
Balance Forward Out	29	31	34	35	36	37	36	37
Expenditures	6	1	1	3	3	3	3	3
Biennial Change in Expenditures				(3)		2		2
Biennial % Change in Expenditures				(44)		57		57
Governor's Change from Base								0
Governor's % Change from Base								0

2001 - Other Misc Special Revenue

Balance Forward In	2,063	3,918	4,259	340				
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Health Operations

Program Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY18	FY19	FY20	FY21	FY22	FY23	FY22	FY23
Receipts	30,013	34,775	30,234	38,280	38,700	39,946	38,700	39,946
Internal Billing Receipts	29,463	30,141	30,058	38,151	38,571	39,817	38,571	39,817
Transfers In	4,438							
Transfers Out	5,104	666	800					
Balance Forward Out	703	3,478	340					
Expenditures	30,707	34,549	33,353	38,620	38,700	39,946	38,700	39,946
Biennial Change in Expenditures				6,717		6,673		6,673
Biennial % Change in Expenditures				10		9		9
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	123.90	121.39	124.48	156.46	156.46	156.46	156.46	156.46

2403 - Gift

Balance Forward In	20	25	18	22				
Receipts	19	0	5	6	6	6	6	6
Transfers In			18					
Transfers Out			18					
Balance Forward Out	25	18	22					
Expenditures	13	7	1	28	6	6	6	6
Biennial Change in Expenditures				9		(17)		(17)
Biennial % Change in Expenditures				42		(59)		(59)
Governor's Change from Base								0
Governor's % Change from Base								0

3000 - Federal

Balance Forward In	194							
Receipts	460	766	1,550	2,019	1,519	1,519	1,519	1,519
Balance Forward Out	194							
Expenditures	460	766	1,550	2,019	1,519	1,519	1,519	1,519
Biennial Change in Expenditures				2,343		(531)		(531)
Biennial % Change in Expenditures				191		(15)		(15)
Governor's Change from Base								0
Governor's % Change from Base								0

Health Operations

Program Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY18	FY19	FY20	FY21	FY22	FY23	FY22	FY23
Full-Time Equivalents	0.51	1.55	1.32	2.92	1.88	1.88	1.88	1.88

Health

Federal Funds Summary

(Dollars in Thousands)

Federal Agency & CFDA #	Federal Award Name and Brief Purpose	New Grant	FY 2020 Actuals	FY 2021 Budget	FY 2022 Base	FY 2023 Base	Required State Match or MOE?	FTEs
HRSA - 93.994	*Maternal & Child Health Block Grant - Supports public health services to low-income, high-risk mothers and children, including children with special health needs.	N	\$ 7,735	\$ 9,108	\$ 9,108	\$ 9,108	Match MOE	14.15
USDA - 10.557	Women, Infants and Children (WIC) - Nutrition services and administration.	N	\$ 30,278	\$ 33,000	\$ 33,000	\$ 33,000		31.11
USDA - 10.557	Women, Infants and Children (WIC) - Eligible food purchases.	N	\$ 42,607	\$ 58,000	\$ 58,000	\$ 58,000		-
USDA - 10.557	Women, Infants and Children (WIC) - Formula rebate contract.	N	\$ 26,779	\$ 29,000	\$ 29,000	\$ 29,000		-
USDA - 10.565	Commodity Supplemental Food Program (CSFP) - Provides nutritious food to low-income elderly individuals.	N	\$ 1,068	\$ 1,000	\$ 1,000	\$ 1,000		0.78
USDA - 10.557	Women, Infants and Children (WIC) - Peer breastfeeding.	N	\$ 1,050	\$ 1,254	\$ 1,365	\$ 1,365		1.30
CDC - 93.073	*Birth Defects Information System (BDIS) - Supports surveillance of birth defects in Minnesota.	N	\$ 154	\$ 250	\$ 525	\$ 525		4.01
CDC - 93.946	*Pregnancy Risk Assessment Monitoring System (PRAMS) - Monitors maternal experiences and behaviors just before, during and after pregnancy.	N	\$ 149	\$ 150	\$ 175	\$ 175		1.34
USDA - 10.578	Women, Infants and Children (WIC) - Electronic benefits transfer (EBT) implementation.	N	\$ 73	\$ -	\$ -	\$ -		-
HRSA - 93.251	*Universal Newborn Hearing Screening and Hearing Program - Supports efforts to detect hearing impairments in infants and reduce any negative impacts through early intervention.	N	\$ 268	\$ 235	\$ 235	\$ 235		0.79
CDC - 93.314	*Early Hearing Detection & Intervention (EHDI) - Supports a centralized newborn hearing screening tracking and surveillance system capable of accurately identifying, matching, collecting, and reporting data.	N	\$ 94	\$ -	\$ -	\$ -		-
HHS - 93.088	Prevention of Opioid Misuse in Women - Prevent illegal or unnecessary opioid use among young women aged 10-17.	N	\$ 128	\$ -	\$ -	\$ -		-
ACF - 93.092	Personal Responsibility Education Program (PREP) - Supports efforts to decrease teen pregnancy/STIs in high-risk adolescent populations.	N	\$ 66	\$ -	\$ -	\$ -		-
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	\$ 240	\$ 300	\$ 300	\$ 300		0.88
HRSA - 93.780	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	\$ 2,023	\$ -	\$ -	\$ -		-
HRSA - 93.110	Minnesota State System Development Initiative (SSDI) - Supports data review and analysis of maternal and child health issues.	N	\$ 113	\$ 100	\$ 100	\$ 100		0.76
USDA - 10.578	Women, Infants and Children (WIC) - Electronic benefits transfer (EBT) implementation.	N	\$ 227	\$ 5	\$ -	\$ -		-

Federal Agency & CFDA #	Federal Award Name and Brief Purpose	New Grant	FY 2020 Actuals	FY 2021 Budget	FY 2022 Base	FY 2023 Base	Required State Match or MOE?	FTEs
ACF - 93.092	Personal Responsibility Education Program (PREP) Round 2 - Supports efforts to decrease teen pregnancy/STIs in high-risk adolescent populations.	N	\$ 527	\$ 11	\$ -	\$ -		-
HHS - 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	\$ 818	\$ 80	\$ -	\$ -		-
USDA - 10.578	Women, Infants and Children (WIC) - Infrastructure improvements.	N	\$ 11	\$ -	\$ -	\$ -		-
ACF - 93.235	Abstinence Education Program - Reduce the teen pregnancy and sexually transmitted infections rates.	N	\$ 239	\$ -	\$ -	\$ -	Match	-
HRSA - 93.780	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	\$ 7,164	\$ 2,080	\$ -	\$ -		-
USDA - 10.578	Women, Infants and Children (WIC) - Infrastructure improvements.	N	\$ 152	\$ 300	\$ -	\$ -		-
HRSA - 93.780	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	\$ -	\$ 9,055	\$ 9,055	\$ 9,055		10.60
ACF - 93.235	Abstinence Education Program - Reduce the teen pregnancy and sexually transmitted infections rates.	N	\$ 279	\$ -	\$ -	\$ -	Match	-
CDC - 93.080	*Sickle Cell Surveillance - Build capacity and standardization for a statewide SCD surveillance system.	N	\$ 27	\$ 17	\$ -	\$ -		-
CDC - 93.314	*Early Hearing Detection & Intervention (EHDI) - Supports a centralized newborn hearing screening tracking and surveillance system capable of accurately identifying, matching, collecting, and reporting data.	N	\$ -	\$ 59	\$ 59	\$ 59		0.25
USDA - 10.578	Women, Infants and Children (WIC) - Infrastructure improvements.	N	\$ -	\$ 311	\$ 400	\$ 400		-
ACF - 93.235	Abstinence Education Program - Reduce the teen pregnancy and sexually transmitted infections rates.	N	\$ -	\$ 669	\$ 669	\$ 669	Match	1.10
ACF - 93.092	Personal Responsibility Education Program (PREP) Round 2 - Supports efforts to decrease teen pregnancy/STIs in high-risk adolescent populations.	N	\$ -	\$ 893	\$ -	\$ -		-
ACF - 93.092	Personal Responsibility Education Program (PREP) Round 3 - Supports efforts to decrease teen pregnancy/STIs in high-risk adolescent populations.	N	\$ -	\$ -	\$ 893	\$ 893		1.04
CDC - 93.080	*Sickle Cell Data Collection Program - Establish the first sickle cell data collection system in Minnesota.	N	\$ -	\$ 30	\$ 30	\$ 30		0.15

Federal Agency & CFDA #	Federal Award Name and Brief Purpose	New Grant	FY 2020 Actuals	FY 2021 Budget	FY 2022 Base	FY 2023 Base	Required State Match or MOE?	FTEs
DOJ - 16.831	Juvenile Justice and Delinquency Prevention - Addressing the Needs of Incarcerated Parents and their Minor Children - Promote services in local correctional facilities and communities by improving and supporting parent-child relationships, mental health and well-being, and reduce out-of-home placements that may lead to reduced recidivism, violent crime, and increased community support.	N	\$ -	\$ 250	\$ 250	\$ 250		0.42
DOE - 84.181	Individuals with Disabilities Education Act (IDEA) Part C - Support to local public health agencies for early identification of infants and toddlers with developmental and social delays.	N	\$ 197	\$ -	\$ -	\$ -		-
DOE - 84.027	Individuals with Disabilities Education Act (IDEA) Part B - Technical assistance to local public health for identifying and serving infants and toddlers with disabilities.	N	\$ 54	\$ 60	\$ 60	\$ 60		0.46
CMS - 93.778	Child & Teen Check Ups - Supports provider training for early and periodic screening, diagnosis and treatment.	N	\$ 297	\$ -	\$ -	\$ -		-
ACF - 93.434	MN Preschool Development Grants - Improves child development outcomes related to the well-being of children of color and American Indian children to enter kindergarten prepared and ready to succeed. Improves the transition from early care and education settings to elementary school through collaboration and coordination of early childhood care. Align and coordinate systems in order to ease navigation through the system for families.	N	\$ 95	\$ -	\$ -	\$ -		-
HRSA - 93.110	Minnesota State System Development Initiative (SSDI) - Supports data review and analysis of maternal and child health issues.	N	\$ 38	\$ 150	\$ 150	\$ 100		1.10
ACF - 93.434	MN Preschool Development Grants - Improves child development outcomes related to the well-being of children of color and American Indian children to enter kindergarten prepared and ready to succeed. Improves the transition from early care and education settings to elementary school through collaboration and coordination of early childhood care. Align and coordinate systems in order to ease navigation through the system for families.	N	\$ 53	\$ 948	\$ 948	\$ -		1.40
DOE - 84.181	Individuals with Disabilities Education Act (IDEA) Part C - Support to local public health agencies for early identification of infants and toddlers with developmental and social delays.	N	\$ -	\$ 320	\$ 320	\$ 320		-
CMS - 93.778	Child & Teen Check Ups - Supports provider training for early and periodic screening, diagnosis and treatment.	N	\$ -	\$ 447	\$ 447	\$ 447		3.25
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	\$ 69	\$ -	\$ -	\$ -	MOE	-

Federal Agency & CFDA #	Federal Award Name and Brief Purpose	New Grant	FY 2020 Actuals	FY 2021 Budget	FY 2022 Base	FY 2023 Base	Required State Match or MOE?	FTEs
CDC - 93.991	*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	\$ 91	\$ 169	\$ 169	\$ 169	MOE	1.52
USDA - 10.557	Women, Infants and Children (WIC) - Year 2, COVID-19 - Eligible food purchases.	Y	\$ -	\$ 5,168	\$ -	\$ -		-
USDA - 10.557	Women, Infants and Children (WIC) - Year 2, COVID-19 - Nutrition services and administration.	Y	\$ -	\$ 2,653	\$ -	\$ -		-
	Budget Activity Total: Child & Family Health:		\$ 123,160	\$ 156,072	\$ 146,258	\$ 145,260		76.41
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	\$ 105	\$ -	\$ -	\$ -		-
CDC - 93.136	*National Violent Death Reporting System (NVDRS) - Provide communities with a clearer understanding of violent deaths.	N	\$ 120	\$ -	\$ -	\$ -		-
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	\$ 69	\$ -	\$ -	\$ -		-
HHS - 93.262	*Occupational Health and Safety Surveillance - Determines rates, trends, and causes of work-related injury and illness.	N	\$ 154	\$ 130	\$ 130	\$ 130		0.99
CDC - 93.810	*MN Stroke Registry Program - Supports a hospital-based stroke registry that is used to improve care for stroke patients.	N	\$ 565	\$ 750	\$ 750	\$ 750		5.25
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	\$ 1,159	\$ -	\$ -	\$ -		-
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	\$ 100	\$ 150	\$ 150	\$ 150		0.61
CDC - 93.136	*Core Injury and Violence Prevention - Supports comprehensive injury prevention and control activities, with a focus on traumatic brain injury.	N	\$ 210	\$ 248	\$ 300	\$ 300		1.60
HRSA - 93.236	*Oral Health Work Force Act - 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	\$ 161	\$ -	\$ -	\$ -	Match	-

Federal Agency & CFDA #	Federal Award Name and Brief Purpose	New Grant	FY 2020 Actuals	FY 2021 Budget	FY 2022 Base	FY 2023 Base	Required State Match or MOE?	FTEs
CDC - 93.136	*Prescription Drug Overdose Prevention - Improve the use of the state's prescription monitoring program, strengthen data collection and analysis, and implement prevention programs that change practices.	N	\$ 273	\$ -	\$ -	\$ -		-
CDC - 93.068	*Alcohol Epidemiology Grant - Promoting Population Health through Increased Capacity in Alcohol	N	\$ 258	\$ 150	\$ 150	\$ 150		1.02
DOJ - 16.320	Services for Trafficking Victims - Improve outcomes for child and youth victims of sex and labor trafficking.	N	\$ 1,136	\$ -	\$ -	\$ -	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	\$ 585	\$ 725	\$ 750	\$ 750		4.49
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	\$ 1,157	\$ 1,322	\$ 1,271	\$ 1,271	Match MOE	8.37
CDC - 93.898	*Cancer Prevention and Control - Improve access to timely breast and cervical cancer screening and diagnostic services for underserved women.	N	\$ 3,195	\$ 3,950	\$ 3,950	\$ 3,950	Match MOE	13.23
CDC - 93.136	*Injury Prevention and Control - Opioid laboratory surveillance.	N	\$ 47	\$ -	\$ -	\$ -		-
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	\$ 781	\$ 842	\$ 842	\$ 842		5.36
CDC - 93.945	*MN Public Health Approaches to Addressing Arthritis - Implement state-based approaches to improve arthritis management and quality of life for adults with arthritis.	N	\$ 184	\$ 305	\$ 305	\$ 305		1.80
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	\$ 289	\$ 370	\$ 370	\$ 370		1.81
CDC - 93.946	*Safe Motherhood and Infant Health Initiative - Sudden Unexpected Infant Death (SUID) and Sudden Death in the Young (SDIY) case registry.	N	\$ 107	\$ 140	\$ 175	\$ 175		1.00
CDC - 93.426	*Innovative State and Local Public Health Strategies - Prevention of diabetes, heart disease and stroke, and improved management of conditions.	N	\$ 2,148	\$ 1,954	\$ 1,954	\$ 1,954		12.00
CDC - 93.435	*Innovative State and Local Public Health Strategies - Prevention of diabetes, heart disease and stroke, and improved management of conditions.	N	\$ 1,241	\$ 2,000	\$ 2,000	\$ 2,000		6.98

Federal Agency & CFDA #	Federal Award Name and Brief Purpose	New Grant	FY 2020 Actuals	FY 2021 Budget	FY 2022 Base	FY 2023 Base	Required State Match or MOE?	FTEs
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	\$ 600	\$ 920	\$ 920	\$ 920	Match	3.83
CDC - 93.354	*Public Health Crisis Response - Supplemental funds to address opioid overdose.	N	\$ 752	\$ -	\$ -	\$ -		-
CDC - 93.136	*Rape Prevention and Education - Supports statewide prevention and education programs that address sexual violence.	N	\$ 708	\$ 905	\$ 883	\$ 883		4.05
CDC - 93.136	*National Violent Death Reporting System (NVDRS) - Provide communities with a clearer understanding of violent deaths.	N	\$ 242	\$ 269	\$ 269	\$ 269		2.00
CDC - 93.323	*Epidemiology and Laboratory Capacity (ELC) - Supports public health infectious disease infrastructure for surveillance, laboratory capacity and IT capacity.	N	\$ 23	\$ 263	\$ 263	\$ 263		2.20
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	\$ 255	\$ 600	\$ 600	\$ 600		4.17
CDC - 93.070	*Minnesota State-Wide Biomonitoring Surveillance in Pre-School Children - Establishes a statewide biomonitoring program for systematically measuring exposures to chemicals of concern in children.	N	\$ 74	\$ 315	\$ 315	\$ 315		1.18
CDC - 93.136	*Prescription Drug Overdose Prevention - Improve the use of the state's prescription monitoring program, strengthen data collection and analysis, and implement prevention programs that change practices.	N	\$ 1,267	\$ 3,503	\$ 3,503	\$ 3,503		12.58
DOJ - 16.320	Services for Trafficking Victims - Improve outcomes for child and youth victims of sex and labor trafficking.	N	\$ 37	\$ 573	\$ 555	\$ 555	Match	1.02
CDC - 93.080	*Sickle Cell Surveillance - Build capacity and standardization for a statewide SCD surveillance system.	N	\$ 7	\$ 9	\$ -	\$ -		-
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	\$ -	\$ 750	\$ 750	\$ 750		2.95
CDC - 93.334	*Healthy Brain Initiative - Develop and implement public health strategies to promote brain health of individuals with Alzheimer's disease and related dementias (ADRD), address cognitive impairment, and support the needs of caregivers.	Y	\$ -	\$ 300	\$ 300	\$ 300		1.35
CDC - 93.080	*Sickle Cell Data Collection Program - Establish the first sickle cell data collection system in Minnesota.	N	\$ -	\$ 213	\$ 213	\$ 213		1.26
HRSA - 93.059	*Public Health Dentistry - Evaluation, curriculum, communications and administration.	N	\$ 10	\$ -	\$ -	\$ -		-

Federal Agency & CFDA #	Federal Award Name and Brief Purpose	New Grant	FY 2020 Actuals	FY 2021 Budget	FY 2022 Base	FY 2023 Base	Required State Match or MOE?	FTEs
SAMHSA - 93.788	State Targeted Response to the Opioid Crisis - Naloxone distribution.	N	\$ 129	\$ 163	\$ -	\$ -		-
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	\$ 50	\$ -	\$ -	\$ -		-
CDC - 93.421	National Center on Health, Physical Activity, and Disability (NCHPAD) - Diabetes Prevention - Implement evidence-based, cost effective interventions for people with disability to prevent type 2 diabetes and other chronic health conditions by encouraging healthy habits, increasing physical activity, and improving problem-solving and coping skills. These activities work to achieve health equity for people with disability.	N	\$ 22	\$ 6	\$ -	\$ -		-
USDA - 10.215	Suicide Prevention safeTALK - Assist the Minnesota Department of Agriculture with suicide prevention training for farmers and farm families.	N	\$ 10	\$ -	\$ -	\$ -		-
DOJ - 16.540	Juvenile Justice and Delinquency Prevention - Collaborate with Department of Public Safety Office of Justice Programs for training with juvenile justice staff members across the state.	N	\$ 10	\$ -	\$ -	\$ -		-
DOT - 20.616	National Priority Safety Program - Evaluate crash outcome data in order to reduce highway deaths and improve traffic safety information systems.	N	\$ 126	\$ 127	\$ 127	\$ 127		0.62
DOJ - 16.838	Comprehensive Opioid, Stimulant, and Substance Abuse Program – Facilitates public safety and public health efforts to mobilize immediate responses to and surveillance of a sudden increase or spike in drug overdose events using the Overdose Detection Mapping Application Program (ODMAP).	N	\$ 39	\$ 359	\$ 359	\$ 359		0.62
CDC - 93.262	Ag Related Mental Health Research - Refine and test the definition of who is included in farmer and farm family to more accurately understand who is at risk and how to intervene and support improved mental health.	N	\$ 7	\$ 20	\$ -	\$ -		-
DOJ - 16.838	Linkage to Care Across MN - Reduce opioid abuse and overdose fatalities and mitigate impacts on crime victims through collaboration between law enforcement agencies and public health entities.	N	\$ 95	\$ 2,119	\$ 2,119	\$ 2,119		1.96
CDC - 93.421	National Association of Chronic Disease Directors (NACDD) Arthritis Supplement – Implement arthritis-appropriate evidence-based interventions to reduce pain and arthritis disease progression and improve functional limitations and quality of life.	N	\$ -	\$ 25	\$ -	\$ -		-
HHS - 93.273	Alcohol Research Programs – Collaborate with law enforcement agencies to identify patterns of alcohol use through tracking data in the Place of Last Drink program in order to address problematic locations and serving practices.	N	\$ -	\$ 14	\$ -	\$ -		-

Federal Agency & CFDA #	Federal Award Name and Brief Purpose	New Grant	FY 2020 Actuals	FY 2021 Budget	FY 2022 Base	FY 2023 Base	Required State Match or MOE?	FTEs
HRSA - 93.301	*Small Rural Hospital Improvement (SHIP) - COVID-19 - Supports the financial and workforce needs of rural hospitals during the COVID-19 public health emergency by ensuring patient and hospital personnel safety to minimize COVID-19 exposure, providing testing and laboratory services, restoring and sustaining hospital capacity and staffing levels, improving physical infrastructure, and purchasing equipment and supplies.	N	\$ 7,251	\$ -	\$ -	\$ -		-
CDC - 93.323	*Epidemiology and Laboratory Capacity (ELC)- COVID - Increase COVID-19 testing across the state and improve the public health infrastructure that supports an effective response to disease outbreaks.	N	\$ 15	\$ 155	\$ -	\$ -		-
CDC - 93.136	*Sexual Violence Prevention - COVID-19 Supplement - Enhance the support of activities focused on addressing the most pressing COVID-19 related violence issues including sexual violence and intimate partner violence.	N	\$ -	\$ 81	\$ -	\$ -		-
CDC - 93.136	*Suicide Prevention and Adverse Childhood Events - CARES Act COVID-19 - Supports comprehensive injury and violence prevention and control activities focused on suicide and adverse childhood events prevention. Enhances existing activities to address the COVID-19 response using virtual/online implementation, evaluation, and dissemination strategies.	N	\$ -	\$ 174	\$ -	\$ -		-
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	\$ 295	\$ -	\$ -	\$ -	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	\$ 398	\$ 619	\$ 619	\$ 619	MOE	4.50
	Budget Activity Total: Health Promotion and Chronic Disease		\$ 26,467	\$ 25,518	\$ 24,892	\$ 24,892		108.80
CDC - 93.735	Ensuring Quitline Capacity - Enhances stop smoking opportunities for Minnesotans through health systems change.	N	\$ 245	\$ -	\$ -	\$ -		-
CDC - 93.336	*Behavioral Risk Factor Surveillance (BRFSS) Telephone Surveys - Enhancement of the quality of health data collected through the BRFSS survey.	N	\$ 486	\$ 433	\$ 433	\$ 433		0.91
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	\$ 1,047	\$ -	\$ -	\$ -		-

Federal Agency & CFDA #	Federal Award Name and Brief Purpose	New Grant	FY 2020 Actuals	FY 2021 Budget	FY 2022 Base	FY 2023 Base	Required State Match or MOE?	FTEs
HHS - 93.817	Hospital Preparedness Program (HPP) - Ebola Preparedness and Responses - Prepares the state's health care system to save lives during emergencies and disasters.	N	\$ 274	\$ 2,710	\$ -	\$ -		-
HHS - 93.817	Hospital Preparedness Program (HPP) - Ebola Preparedness and Responses - Prepares the state's health care system to save lives during emergencies and disasters.	N	\$ 67	\$ 182	\$ -	\$ -		-
HHS - 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	\$ 199	\$ 14	\$ -	\$ -		-
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	\$ 1	\$ -	\$ -	\$ -		-
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	\$ 147	\$ 150	\$ 150	\$ 150		0.53
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	\$ 6,691	\$ 8,564	\$ 8,564	\$ 8,564		27.32
HHS - 93.889	Hospital Preparedness Program (HPP) - Bioterrorism - Prepares the state's health care system to save lives during emergencies and disasters.	N	\$ 2,378	\$ 3,400	\$ 3,400	\$ 3,400		5.74
CDC - 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	\$ 838	\$ 923	\$ 923	\$ 923		4.29
CDC - 94.354	Public Health Crisis Response - State-level emergency response to public health incidents actions as determined by CDC. Award allows for quick action, including activation of emergency operations centers, surge staffing, risk communication and crisis-specific resources needed for the response.	N	\$ 43	\$ -	\$ -	\$ -		-
CDC - 93.079	*Promote Adolescent Health - School-based programs for HIV/STD Prevention.	N	\$ 27	\$ 30	\$ 30	\$ 30		0.23
CDC - 93.136	*Prevent Fatal and Nonfatal Overdose from Prescription and/or Illicit Opioids - Evaluate state and local strategies and state-funded community pilot projects.	N	\$ 0	\$ 250	\$ 250	\$ 250		-
CDC - 93.354	*Public Health Crisis Response - State-level emergency response to public health incidents actions as determined by CDC. Award allows for quick action, including activation of emergency operations centers, surge staffing, risk communication and crisis-specific resources needed for the response.	N	\$ 1,172	\$ 2,828	\$ -	\$ -		-

Federal Agency & CFDA #	Federal Award Name and Brief Purpose	New Grant	FY 2020 Actuals	FY 2021 Budget	FY 2022 Base	FY 2023 Base	Required State Match or MOE?	FTEs
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	\$ 5	\$ 1,330	\$ 1,330	\$ 1,330		8.70
HHS - 93.008	National Association of County and City Health Officials - Medical Reserve Corps Grant Program - Bolsters local community's preparedness and emergency response infrastructures.	N	\$ 0	\$ 3	\$ -	\$ -		-
HRSA - 93.516	*Public Health Training Centers Program - Advise regional training initiatives focused on health outcomes and social determinants of health.	N	\$ 14	\$ 25	\$ -	\$ -		-
CDC - 93.421	Association of State and Territorial Health Officials (ASTHO) - Strengthening state public health systems through national partnerships to improve and protect health.	N	\$ 3	\$ 16	\$ -	\$ -		-
HHS - 93.981	Minnesota Department of Education - Improving student health and academic achievement through nutrition, physical activity, and the management of chronic conditions in school.	N	\$ 112	\$ 112	\$ 112	\$ 112		0.86
CDC - 93.334	*Healthy Brain Initiative - Develop and implement public health strategies to promote brain health of individuals with Alzheimer's disease and related dementias (ADRD), address cognitive impairment, and support the needs of caregivers.	N	\$ 26	\$ -	\$ -	\$ -		-
ACF - 93.434	MN Preschool Development Grants - Improves child development outcomes related to the well-being of children of color and American Indian children to enter kindergarten prepared and ready to succeed. Improves the transition from early care and education settings to elementary school through collaboration and coordination of early childhood care. Align and coordinate systems in order to ease navigation through the system for families.	N	\$ 5	\$ 1,046	\$ 1,046	\$ -		0.99
HHS - 93.008	National Association of County and City Health Officials - Medical Reserve Corps Grant Program - Bolsters local community's preparedness and emergency response infrastructures.	N	\$ 1	\$ 6	\$ -	\$ -		-
HHS - 93.817	Hospital Preparedness Program (HPP) - COVID-19 Supplement - Prepares the state's health care system to save lives during emergencies and disasters.	N	\$ -	\$ 789	\$ -	\$ -		-
HHS - 93.817	Hospital Preparedness Program (HPP) - U.S. Healthcare Systems Response to COVID-19 Round 2 - Prepares the state's health care system to save lives during emergencies and disasters. Supports the preparation of health care systems for a surge in COVID-19 patients.	N	\$ -	\$ 300	\$ -	\$ -		-
HHS - 93.889	Hospital Preparedness Program (HPP) Cooperative Agreement Preparedness and Response - COVID-19 Supplement 2 - Prepares the state's health care system to save lives during the COVID-19 pandemic.	N	\$ -	\$ 2,232	\$ -	\$ -		-

Federal Agency & CFDA #	Federal Award Name and Brief Purpose	New Grant	FY 2020 Actuals	FY 2021 Budget	FY 2022 Base	FY 2023 Base	Required State Match or MOE?	FTEs
HHS - 93.817	Hospital Preparedness Program (HPP) - COVID-19 Supplement - Prepares the state's health care system to save lives during emergencies and disasters. Supports existing and new activities for health care systems to safely manage individuals with suspected and confirmed COVID-19.	N	\$ -	\$ 350	\$ -	\$ -		-
CDC - 93.323	*Epidemiology and Laboratory Capacity (ELC)- COVID - Increase COVID-19 testing across the state and improve the public health infrastructure that supports an effective response to disease outbreaks such as improving surveillance and reporting of electronic health data and strengthening laboratory testing.	Y	\$ -	\$ -	\$ 130,000	\$ -		-
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	\$ 1,459	\$ -	\$ -	\$ -	MOE	-
CDC - 93.991	*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	\$ 1,181	\$ 2,398	\$ 2,398	\$ 2,398	MOE	20.17
	Budget Activity Total: Community Health		\$ 16,424	\$ 28,091	\$ 148,636	\$ 17,590		69.74
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	\$ 179	\$ 231	\$ 231	\$ 231	Match	1.67
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	\$ 194	\$ 25	\$ -	\$ -		-
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	\$ 216	\$ 216	\$ 216	\$ 216		1.41
HRSA - 93.165	*National Health Service Corps (NCHS) Loan Repayment - To encourage more medical professionals to practice in underserved areas.	N	\$ 90	\$ 90	\$ 90	\$ 90	Match	-
HRSA - 93.301	*Small Rural Hospital Improvement - Strengthen Critical Access Hospitals and rural health systems; improve quality, safety and access.	N	\$ 997	\$ 869	\$ 869	\$ 869		0.40
CDC - 93.354	*Public Health Crisis Response - Supplemental funds to address opioid overdose.	N	\$ 7	\$ -	\$ -	\$ -		-

Federal Agency & CFDA #	Federal Award Name and Brief Purpose	New Grant	FY 2020 Actuals	FY 2021 Budget	FY 2022 Base	FY 2023 Base	Required State Match or MOE?	FTEs
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	\$ 830	\$ 931	\$ 931	\$ 931		2.29
CDC - 93.136	*Prevent Fatal and Nonfatal Overdose from Prescription and/or Illicit Opioids - Evaluate state and local strategies and state-funded community pilot projects.	N	\$ 11	\$ 7	\$ 7	\$ 7		-
CDC - 93.080	*Sickle Cell Surveillance - Build capacity and standardization for a statewide SCD surveillance system.	N	\$ 10	\$ -	\$ -	\$ -		-
DOE - 84.372	Statewide Longitudinal Education Data System (SLEDS) - Using data from cross-sectional programs to design and improve strategies to help students.	N	\$ 39	\$ -	\$ -	\$ -		-
ACF - 93.563	Child Support Contract via MN DHS - Filing voluntary parentage acknowledgements and replacing the associated birth record.	N	\$ 94	\$ 132	\$ 132	\$ 132		0.96
CMS - 93.778	Health Information Technology - Electronic public health data reporting and exchange.	N	\$ 348	\$ 348	\$ 348	\$ 348	Match	2.30
	Budget Activity Total: Health Policy		\$ 3,014	\$ 2,849	\$ 2,824	\$ 2,824		9.03
	Program Total: Health Improvement		\$ 169,065	\$ 212,530	\$ 322,610	\$ 190,566		263.98
EPA - 66.432	State Public Water System Supervision (PWSS) - Implement supervisions and enforcement activities of the public water system.	N	\$ 186	\$ -	\$ -	\$ -	Match	-
EPA - 66.419	Water Pollution Control Program - Surface water monitoring activities in streams, wetlands and lakes.	N	\$ 74	\$ 71	\$ 71	\$ 71	Match	-
CDC - 93.262	*Occupational Health and Safety Surveillance - Determines rates, trends, and causes of work-related injury and illness.	N	\$ 10	\$ 10	\$ 10	\$ 10		0.08
CDC - 93.103	Whole Genome Sequencing of Foodborne Pathogens - Track foodborne pathogens to improve outbreak response and effective monitoring of preventative controls.	N	\$ 124	\$ 125	\$ 125	\$ 125		0.96
EPA - 66.608	Drinking Water e-Portal - Compliance Monitoring Data Portal Implementation and Drinking Water e-Portal.	N	\$ 2	\$ 65	\$ 65	\$ 65		0.10
CDC - 93.070	*Climate Resilience and Adaptation - Protect, maintain and improve public health through preparation and adaptation to climate change.	N	\$ 157	\$ 214	\$ 214	\$ 214		1.53
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	\$ 112	\$ 293	\$ 293	\$ 293		0.66
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	\$ 324	\$ -	\$ -	\$ -		-
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	\$ 193	\$ 183	\$ 183	\$ 183		1.42

Federal Agency & CFDA #	Federal Award Name and Brief Purpose	New Grant	FY 2020 Actuals	FY 2021 Budget	FY 2022 Base	FY 2023 Base	Required State Match or MOE?	FTEs
FDA - 93.103	Food Inspection Standardization - Establish a centralized reporting protocol and strengthen uniformity among statewide inspection reports.	N	\$ 70	\$ -	\$ -	\$ -		-
EPA - 66.032	State Indoor Radon Program - Implement a statewide radon mitigation program to reduce the burden of lung cancer.	N	\$ 389	\$ 76	\$ -	\$ -	Match	-
EPA - 66.608	Environmental Information Exchange Network (EN) - Web-based system to securely share environmental and public health information.	N	\$ 0	\$ 75	\$ 75	\$ 75		0.03
CDC - 93.197	*Lead Poisoning Prevention - Supports state lead poisoning prevention efforts that develop policies, educate the public and track blood-lead levels.	N	\$ 528	\$ 532	\$ 500	\$ 500		2.83
EPA - 66.608	Environmental Information Exchange Network (EN) - Web-based system to securely share environmental and public health information.	N	\$ 0	\$ 47	\$ 50	\$ 50		0.38
EPA - 66.605	Lead in Residences - Provides education and compliance assistance to the public and businesses that impact lead in residences.	N	\$ 301	\$ -	\$ -	\$ -		-
CDC - 93.323	*Epidemiology and Laboratory Capacity (ELC) Legionella - Supports public health infectious disease infrastructure for surveillance, laboratory capacity and IT capacity.	N	\$ 49	\$ 22	\$ 22	\$ 22		0.16
CDC - 93.070	*Environmental Public Health and Emergency Response - Strengthening State Capacity - Identify and address environmental health hazards and build internal capacity for data gathering, program evaluation, and visualization.	N	\$ 23	\$ 36	\$ 36	\$ 36		0.27
EPA - 66.432	State Public Water System Supervision (PWSS) - Implement supervisions and enforcement activities of the public water system.	N	\$ 2,188	\$ 460	\$ 1,350	\$ 1,350	Match	11.32
HUD - 14.900	Lead Hazard Reduction Grant Program - Assist local governments in undertaking comprehensive programs to identify and control lead-based paint hazards in rental and owner-occupied housing populations.	N	\$ 30	\$ 1,099	\$ 1,099	\$ 1,099	Match	2.14
EPA - 66.444	Lead Testing in School and Child Care Program Drinking Water Grant - Assist local and tribal educational agencies in testing for lead contamination in drinking water at schools and child care facilities in partnership with Minnesota Department of Education (MDE) and Minnesota Department of Human Services (DHS).	N	\$ 41	\$ 378	\$ 378	\$ 378		1.42
ATSDR - 93.136	Agency for Toxic Substance and Disease Registry (ATSDR) Cooperative Agreement - Build environmental public health capacity to assess and respond to issues involving human exposure to hazardous substances in the environment by identifying exposure pathways, educating affected communities, and reviewing health outcome data.	N	\$ 56	\$ 607	\$ 607	\$ 607		4.49
EPA - 66.600	Environmental Performance Partnership Systems - Develop and implement environmental programs that protect air, water, and land resources and achieve the greatest human health protection.	N	\$ 51	\$ 315	\$ 315	\$ 315		2.38
FDA - 93.103	Food Inspection Standardization - Establish a centralized reporting protocol and strengthen uniformity among statewide inspection reports.	N	\$ -	\$ 70	\$ 70	\$ 70		0.54

Federal Agency & CFDA #	Federal Award Name and Brief Purpose	New Grant	FY 2020 Actuals	FY 2021 Budget	FY 2022 Base	FY 2023 Base	Required State Match or MOE?	FTEs
EPA - 66.032	State Indoor Radon Program - Implement a statewide radon mitigation program to reduce the burden of lung cancer.	N	\$ -	\$ 374	\$ 215	\$ 215	Match	1.90
CDC - 93.070	*Environmental Public Health and Emergency Response - Strengthening State Capacity - Identify and address environmental health hazards and build internal capacity for data gathering, program evaluation, and visualization.	N	\$ -	\$ 164	\$ 167	\$ 170		0.85
EPA - 66.442	Assistance for Small and Disadvantaged Communities Drinking Water Grant - Facilitate compliance with national primary drinking water regulations in Askov, MN through infrastructure improvements.	N	\$ -	\$ 646	\$ -	\$ -	Match	-
CMS - 93.778	Health Information Technology - Electronic public health data reporting and exchange. DHS pass-through funding.	N	\$ 101	\$ 150	\$ 150	\$ 150	Match	0.42
EPA - 66.468	Drinking Water Revolving Fund - Management of set-aside activities.	N	\$ 2	\$ -	\$ -	\$ -		-
EPA - 66.468	Drinking Water Revolving Fund - Management of set-aside activities.	N	\$ 78	\$ -	\$ -	\$ -		-
CDC - 93.421	Climate & Health Adaption Capacity for Environmental Health Professionals - Builds capacity to address climate and health by using climate and health data to communicate risk to the public.	N	\$ 1	\$ -	\$ -	\$ -		-
EPA - 66.468	Drinking Water Revolving Fund - Management of set-aside activities.	N	\$ 3,164	\$ 3,615	\$ 3,615	\$ 3,615		21.26
FDA - 93.103	Whole Genome Sequencing of Foodborne Pathogens - Track foodborne pathogens to improve outbreak response and effective monitoring of preventative controls.	N	\$ -	\$ 3	\$ -	\$ -		-
EPA - 66.201	Multi-Purpose Grant to States and Tribes - Funds analysis of emerging contaminant per- and polyfluoroalkyl substances (PFAs) samples taken from vulnerable drinking water supply wells.	N	\$ -	\$ 63	\$ -	\$ -	Match	-
	Budget Activity Total: Environmental Health		\$ 8,255	\$ 9,693	\$ 9,610	\$ 9,613		55.14
EPA - 66.472	Beach Monitoring Lake Superior - Supports water testing for e. coli at beaches along the Lake Superior Coast.	N	\$ 177	\$ 177	\$ 177	\$ 177		0.82
CDC - 93.977	*Prevention of Sexually Transmitted Diseases - Enhances STD surveillance data to improve understanding of the population at risk for STDs.	N	\$ 51	\$ -	\$ -	\$ -		-
CDC - 93.323	*Epidemiology and Laboratory Capacity (ELC) - Supports public health infectious disease infrastructure for surveillance, laboratory capacity and IT capacity.	N	\$ 619	\$ -	\$ -	\$ -		-
CDC - 93.116	*Tuberculosis Elimination - Supports TB prevention and control activities including state operations and grants to CHBs.	N	\$ 755	\$ -	\$ -	\$ -		-
CDC - 93.268	*MN Statewide Immunization and Vaccine for Children - COVID-19 Supplement - Plan for and implement COVID-19 vaccination services and increase access to vaccination in convenient and trusted settings. Offer immunization provider outreach and education.	N	\$ -	\$ 5,917	\$ -	\$ -		-

Federal Agency & CFDA #	Federal Award Name and Brief Purpose	New Grant	FY 2020 Actuals	FY 2021 Budget	FY 2022 Base	FY 2023 Base	Required State Match or MOE?	FTEs
CDC - 93.070	*Environmental Health Specialist (EHS) Network - Identify and prevent environmental factors contributing to foodborne and waterborne illness outbreaks.	N	\$ 25	\$ 29	\$ 29	\$ 29		0.19
CDC - 93.755	*Surveillance for Diseases Among Immigrants and Refugees - Minnesota Center Of Excellence Network training and epidemiology In Refugee Health.	N	\$ 373	\$ 512	\$ 512	\$ 512		0.78
FDA - 93.876	National Antimicrobial Resistance Monitoring System (NARMS) - Enhance and strengthen antibiotic resistance surveillance in retail food specimens.	N	\$ 126	\$ 125	\$ 125	\$ 125		0.17
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	\$ 83	\$ -	\$ -	\$ -		-
CDC - 93.270	*Adult Viral Hepatitis Prevention and Control - Improving the state response to Hepatitis B and C.	N	\$ 230	\$ 180	\$ 180	\$ 180		0.94
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	\$ 196	\$ -	\$ -	\$ -		-
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	\$ 3,628	\$ 3,627	\$ 3,627	\$ 3,627		25.80
CDC - 93.323	*Epidemiology and Laboratory Capacity (ELC) - Zika Supplemental - Supports public health infectious disease infrastructure for surveillance, laboratory capacity and IT capacity.	N	\$ 8	\$ -	\$ -	\$ -		-
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	\$ 309	\$ 513	\$ 513	\$ 513		3.94
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	\$ 102	\$ 105	\$ 105	\$ 105		0.59
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	\$ 2,583	\$ 2,650	\$ 2,650	\$ 2,650		13.80
CDC - 93.197	*Lead Poisoning Prevention - Supports state lead poisoning prevention efforts that develop policies, educate the public and track blood-lead levels.	N	\$ 13	\$ -	\$ -	\$ -		-
CDC - 93.354	*Public Health Crisis Response - Supplemental funds to address opioid overdose.	N	\$ 59	\$ -	\$ -	\$ -		-

Federal Agency & CFDA #	Federal Award Name and Brief Purpose	New Grant	FY 2020 Actuals	FY 2021 Budget	FY 2022 Base	FY 2023 Base	Required State Match or MOE?	FTEs
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	\$ 1,099	\$ 850	\$ 850	\$ 850		5.88
CDC - 93.268	*MN Statewide Immunization and Vaccine for Children - COVID-19 Supplement - Plan for and implement COVID-19 vaccination services and increase access to vaccination in convenient and trusted settings. Offer immunization provider outreach and education.	N	\$ 6,155	\$ 6,460	\$ 6,460	\$ 6,460		35.60
CDC - 93.323	*Epidemiology and Laboratory Capacity (ELC)- COVID - Increase COVID-19 testing across the state and improve the public health infrastructure that supports an effective response to disease outbreaks.	N	\$ 3,389	\$ 3,932	\$ 3,932	\$ 3,932		20.60
CDC - 93.136	*Prevent Fatal and Nonfatal Overdose from Prescription and/or Illicit Opioids - Evaluate state and local strategies and state-funded community pilot projects.	N	\$ 25	\$ 26	\$ 26	\$ 26		0.25
CDC - 93.116	*Tuberculosis Elimination and Laboratory - Supports TB prevention and control activities including state operations and grants to CHBs.	N	\$ 556	\$ 950	\$ 950	\$ 950		5.51
CDC - 93.354	*Emergency Response Public Health Crisis Response - State level emergency response to public health incidents. Funds for COVID-19 include disease surveillance, epidemiology, laboratory capacity, infection control, mitigation, and other preparedness and response activities.	N	\$ 424	\$ 1,261	\$ -	\$ -		-
CMS - 93.778	Health Information Technology - Infectious Disease Component - Electronic public health data reporting and exchange.	N	\$ 1,792	\$ 1,792	\$ 1,792	\$ 1,792	Match	2.03
CDC - 93.262	Upper Midwest Agricultural Safety and Health - Safety and Health - Conduct outreach and surveillance for zoonotic diseases in agricultural workers.	N	\$ 83	\$ 89	\$ 12	\$ -		0.08
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	\$ 494	\$ 359	\$ 359	\$ 359		-
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	\$ 74	\$ 30	\$ 30	\$ 30		-
CDC - 93.283	*Malaria - University of Minnesota - Reduce the number of malaria cases among U.S. travelers to West Africa	N	\$ 105	\$ 63	\$ -	\$ -		-
HRSA - 93.917	*Ryan White HIV - Improve HIV prevention, care, treatment and support.	N	\$ 1,491	\$ 1,535	\$ 1,535	\$ 1,535		3.90
CDC - 93.084	*Infectious Disease Prevention - Conduct annual immunization recall reminder notifications to MA-eligible not up to date children and adolescents.	N	\$ 18	\$ 22	\$ 22	\$ 22		0.17

Federal Agency & CFDA #	Federal Award Name and Brief Purpose	New Grant	FY 2020 Actuals	FY 2021 Budget	FY 2022 Base	FY 2023 Base	Required State Match or MOE?	FTEs
CDC - 93.424	Optional Influenza Surveillance Enhancements - Expand influenza surveillance to address gaps in the national influenza surveillance by estimating influenza disease burden.	N	\$ 7	\$ -	\$ -	\$ -		-
CDC - 93.185	*Disparity in Adolescent Vaccination in Rural Areas - Administer surveys to both rural and urban areas to understand disparities and analyze data.	N	\$ 128	\$ 156	\$ 156	\$ 156		1.18
CDC - 93.421	Council of State & Territorial Epidemiologists (CSTE) Influenza and Zoonoses Education amount Youth in Agriculture Program - Collaborate with animal health and agricultural communities to promote effective disease prevention and preparedness through promotion of youth zoonotic disease education and infection mitigation behaviors.	N	\$ 22	\$ 54	\$ 53	\$ 53		0.08
CDC - 93.421	Association of State and Territorial Health Officials (ASTHO) - Viral Hepatitis - Strengthening state public health systems through national partnerships to improve and protect health.	N	\$ 40	\$ -	\$ -	\$ -		-
CDC - 93.317	*Emerging Infections Program (EIP) COVID-19 Surveillance and Reporting - Performs population-based tracking on the spread of infectious and emerging infectious diseases specifically addressing the COVID-19 public health emergency.	N	\$ 3	\$ 2,200	\$ 400	\$ -		2.78
CDC - 93.323	*Epidemiology and Laboratory Capacity (ELC) - Increase COVID-19 testing across the state and improve the public health infrastructure that supports an effective response to disease outbreaks.	N	\$ 771	\$ 3,178	\$ -	\$ -		-
CDC - 93.323	*Epidemiology and Laboratory Capacity (ELC) COVID-19 Supplement - Supports public health infectious disease infrastructure for surveillance, laboratory capacity and IT capacity. Supports healthcare provider training on healthcare acquired infections as part of the COVID-19 response activities.	N	\$ -	\$ 1,624	\$ -	\$ -		-
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	\$ 206	\$ -	\$ -	\$ -	MOE	-
CDC - 93.991	*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	\$ 240	\$ 153	\$ 153	\$ 153	MOE	1.02
CDC - 93.268	*MN Statewide Immunization and Vaccine for Children - COVID-19 Supplement - Plan for and implement COVID-19 vaccination services and increase access to vaccination in convenient and trusted settings. Offer immunization provider outreach and education.	N	\$ -	\$ 2,393	\$ -	\$ -		-

Federal Agency & CFDA #	Federal Award Name and Brief Purpose	New Grant	FY 2020 Actuals	FY 2021 Budget	FY 2022 Base	FY 2023 Base	Required State Match or MOE?	FTEs
	Budget Activity Total: Infectious Disease		\$ 26,458	\$ 40,962	\$ 24,648	\$ 24,236		126.11
DHS - 97.091	Homeland Security Biowatch - Maintains the Biowatch Program's early warning system through an ambient air monitoring network in the Minneapolis-St. Paul Metropolitan area.	N	\$ 776	\$ 869	\$ 1,059	\$ 1,059		5.00
CDC - 93.521	Epidemiology and Laboratory Capacity (ELC) - Supports public health infectious disease infrastructure for surveillance, laboratory capacity and IT capacity.	N	\$ 256	\$ 1	\$ -	\$ -		-
CDC - 93.116	*Tuberculosis Elimination - Supports TB prevention and control activities including state operations and grants to CHBs.	N	\$ 97	\$ -	\$ -	\$ -		-
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	\$ 3	\$ -	\$ -	\$ -		-
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	\$ 1,698	\$ 1,600	\$ 1,600	\$ 1,600		10.40
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	\$ 1,638	\$ 1,828	\$ 1,828	\$ 1,828		9.16
CDC - 93.314	*Early Hearing Detection & Intervention (EHDI) - Supports a centralized newborn hearing screening tracking and surveillance system capable of accurately identifying, matching, collecting, and reporting data.	N	\$ 210	\$ -	\$ -	\$ -		-
CDC - 93.136	*Injury Prevention and Control - Opioid laboratory surveillance.	N	\$ 20	\$ -	\$ -	\$ -		-
CDC - 93.354	*Public Health Crisis Response - Supplemental funds to address opioid overdose.	N	\$ 55	\$ -	\$ -	\$ -		-
CDC - 93.323	*Epidemiology and Laboratory Capacity (ELC) - Supports public health infectious disease infrastructure for surveillance, laboratory capacity and IT capacity.	N	\$ 3,917	\$ 4,583	\$ 4,583	\$ 4,583		17.60
CDC - 93.070	*State-Based Public Health Laboratory Biomonitoring Programs - Enhance the state-wide biomonitoring program to measure exposures to chemicals of concern in children that may be found in drinking water, air pollution, agricultural pesticides, and other sources.	N	\$ 428	\$ 498	\$ 498	\$ 498		2.57
CDC - 93.136	*Prevent Fatal and Nonfatal Overdose from Prescription and/or Illicit Opioids - Evaluate state and local strategies and state-funded community pilot projects.	N	\$ 130	\$ 150	\$ 150	\$ 150		1.42
CDC - 93.116	*Tuberculosis Elimination - Supports TB prevention and control activities including state operations and grants to CHBs.	N	\$ 56	\$ 102	\$ 102	\$ 102		0.78

Federal Agency & CFDA #	Federal Award Name and Brief Purpose	New Grant	FY 2020 Actuals	FY 2021 Budget	FY 2022 Base	FY 2023 Base	Required State Match or MOE?	FTEs
CDC - 93.354	*Emergency Response Public Health Crisis Response - State level emergency response to public health incidents. Funds for COVID-19 include disease surveillance, epidemiology, laboratory capacity, infection control, mitigation, and other preparedness and response activities.	N	\$ 1,004	\$ 2,102	\$ -	\$ -		-
CDC - 93.314	*Early Hearing Detection & Intervention (EHDI) - Supports a centralized newborn hearing screening tracking and surveillance system capable of accurately identifying, matching, collecting, and reporting data.	N	\$ -	\$ 101	\$ 101	\$ 101		0.55
CMS - 93.778	Health Information Technology - Public Health Laboratory Component - Electronic public health data reporting and exchange.	N	\$ 453	\$ 453	\$ 453	\$ 453	Match	2.35
CDC - 93.262	*Occupational Health and Safety Surveillance - Determines rates, trends, and causes of work-related injury and illness.	N	\$ 4	\$ 4	\$ 4	\$ 4		-
NIH - 93.310	Children's Health Exposure Analysis Resource (CHEAR) - Understanding how the environment impacts children's health.	N	\$ 59	\$ 300	\$ -	\$ -		-
NIH - 93.113	Human Health Exposure Analysis Resource (HHEAR) - Analyze data to better understand the influence of environmental factors in human health over a lifetime.	N	\$ 142	\$ 192	\$ 192	\$ 192		0.22
NIH - 93.113	Human Health Exposure Analysis Resource (HHEAR) - Development Core -Analyze data to better understand the influence of environmental factors in human health over a lifetime.	N	\$ 44	\$ 117	\$ 117	\$ 117		0.70
CDC - 93.323	*Epidemiology and Laboratory Capacity (ELC)- COVID - Increase COVID-19 testing across the state and improve the public health infrastructure that supports an effective response to disease outbreaks.	N	\$ 106	\$ 3,205	\$ 1,998	\$ -		3.60
CDC - 93.323	*Epidemiology and Laboratory Capacity (ELC)- COVID - Increase COVID-19 testing across the state and improve the public health infrastructure that supports an effective response to disease outbreaks such as improving surveillance and reporting of electronic health data and strengthening laboratory testing.	Y	\$ -	\$ -	\$ 200	\$ -		-
	Budget Activity Total: Public Health Laboratory		\$ 11,094	\$ 16,105	\$ 12,885	\$ 10,687		54.35
CDC - 93.354	*Emergency Response Public Health Crisis Response - State level emergency response to public health incidents. Funds for COVID-19 include disease surveillance, epidemiology, laboratory capacity, infection control, mitigation, and other preparedness and response activities.	N	\$ -	\$ 250	\$ -	\$ -		-
CMS - 93.777	Clinical Laboratory Improvement Amendments (CLIA) - Provides inspections of clinical laboratories to ensure they are meeting federal standards.	N	\$ 56	\$ -	\$ -	\$ -		-
CMS - 93.777	Clinical Laboratory Improvement Amendments (CLIA) - Provides inspections of clinical laboratories to ensure they are meeting federal standards.	N	\$ 140	\$ 266	\$ 266	\$ 266		1.80

Federal Agency & CFDA #	Federal Award Name and Brief Purpose	New Grant	FY 2020 Actuals	FY 2021 Budget	FY 2022 Base	FY 2023 Base	Required State Match or MOE?	FTEs
CMS - 93.777	Impact Hospice - Certify health care facilities and perform surveys and investigations of those facilities.	N	\$ 69	\$ 233	\$ 233	\$ 233	Match	1.63
CMS - 93.777	Medicare Title 18 - Certify health care facilities and perform surveys and investigations of those facilities	N	\$ 2,384	\$ 54	\$ -	\$ -	Match	-
CMS - 93.777	Medicare Title 18 - Certify health care facilities and perform surveys and investigations of those facilities	N	\$ 5,645	\$ 5,644	\$ 5,644	\$ 5,644	Match	-
CMS - 93.777	Medicare Title 18 - Certify health care facilities and perform surveys and investigations of those facilities	N	\$ 2,829	\$ 2,829	\$ 2,829	\$ 2,829	Match	-
CMS - 93.777	Case Mix - Certify health care facilities and perform surveys and investigations of those facilities.	N	\$ 235	\$ 247	\$ -	\$ -	Match	-
CMS - 93.777	Case Mix - Certify health care facilities and perform surveys and investigations of those facilities.	N	\$ 880	\$ 2,562	\$ 2,562	\$ 2,562	Match	16.32
	Budget Activity Total: Health Regulation		\$ 12,237	\$ 12,085	\$ 11,534	\$ 11,534		19.75
	Program Total: Health Protection		\$ 58,045	\$ 78,845	\$ 58,677	\$ 56,070		255.35
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	\$ 29	\$ -	\$ -	\$ -		-
CDC - 93.354	*Public Health Crisis Response - Supplemental funds to address opioid overdose.	N	\$ 8	\$ -	\$ -	\$ -		-
CDC - 93.136	*Prevent Fatal and Nonfatal Overdose from Prescription and/or Illicit Opioids - Evaluate state and local strategies and state-funded community pilot projects.	N	\$ 34	\$ 34	\$ 34	\$ 34		0.32
CDC - 93.354	*Emergency Response Public Health Crisis Response - State level emergency response to public health incidents. Funds for COVID-19 include disease surveillance, epidemiology, laboratory capacity, infection control, mitigation, and other preparedness and response activities.	N	\$ -	\$ 500	\$ -	\$ -		-
CMS - 93.778	Health Information Technology - Electronic public health data reporting and exchange. DHS pass-through funding.	N	\$ 1,084	\$ 1,084	\$ 1,084	\$ 1,084	Match	1.56
CMS - 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	\$ 396	\$ 401	\$ 401	\$ 401	MOE	-
	Budget Activity Total: Health Operations		\$ 1,550	\$ 2,019	\$ 1,519	\$ 1,519		1.88
	Program Total: Health Operations		\$ 1,550	\$ 2,019	\$ 1,519	\$ 1,519		1.88
For Informational Purposes Only:								
Agency Awaiting Further Information Before Submitting For LAC Review								
CDC - 93.323	Epidemiology and Laboratory Capacity (ELC) - This component supports testing, contract tracing, surveillance, containment, and mitigation to monitor and suppress the spread of COVID-19.	Y	\$ -	\$ 324,608	\$ -	\$ -		TBD

Federal Agency & CFDA #	Federal Award Name and Brief Purpose	New Grant	FY 2020 Actuals	FY 2021 Budget	FY 2022 Base	FY 2023 Base	Required State Match or MOE?	FTEs
CDC - 93.268	Vaccines for Children COVID-19 Supplement - This component will cover a range of COVID-19 vaccination activities. Funds may be used for obligations prior to enactment related to vaccine promotion, preparedness, tracking, and distribution.	Y	\$ -	\$ 50,959	\$ -	\$ -		TBD
Federal Fund – Agency Total			\$ 228,660	\$ 668,961	\$ 382,806	\$ 248,155		521.21

Nearly all new grants in the table are supplements to existing awards that are directed at responding to the COVID-19 pandemic. Awards that are marked with an asterisk (*) are authorized under the federal Public Health Service Act. Section 319(e) of the act authorizes states to request temporary reassignment from federal sponsors of state or sub-grantee staff to assist in the response to a public health emergency declared by the Secretary of the Department of Health and Human Services, such as the COVID-19 pandemic.

Awards that require a match or maintenance of effort, typically are block grants “soft” matched with existing state funds.

- 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
 - HHS – 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
 - DHS – U.S. Department of Homeland Security
 - DOJ – U.S. Department of Justice
 - DOT – U. S. Department of Transportation

Health

Grants Funding Detail

(Dollars in Thousands)

Program Name Federal or State or Both (Citation)	Purpose/ Recipient Type(s) Eligibility Criteria	FY 2020	FY 2021	FY 2022	FY 2023
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Health Improvement

General Fund:

Birth Defects Information System (MS 144.2215)	Non-Competitive – Formula Community Health Boards	\$ 323	\$ 432	\$ 432	\$ 432
Fetal Alcohol Syndrome Grants (MS 145.9265)	Single Sole Source Nonprofit Organization	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000
Family Planning Grants (MS 145.925)	RFP – Competitive Nonprofit Organizations; Community Health Boards; Tribal Governments	\$ 5,197	\$ 5,197	\$ 5,197	\$ 5,197
Hearing Aid Loan Bank Grants (MS 144.0742)	Single Sole Source Nonprofit Organization	\$ 69	\$ 69	\$ 69	\$ 69
Positive Alternatives Grants (MS 145.4235)	RFP – Competitive Nonprofit Organizations	\$ 3,352	\$ 3,357	\$ 3,357	\$ 3,357
Special Health Needs Grants (MS 144.0742)	RFP - Competitive Clinics	\$ 160	\$ 160	\$ 160	\$ 160
Families with Deaf & Hard of Hearing Children Grants (MS 144.966 3a)	RFP-Competitive Nonprofit Organizations	\$ 590	\$ 590	\$ 590	\$ 590
ASL for Families Grants (MS 144.966 3a)	RFP-Competitive Nonprofit Organizations	\$ 156	\$ 156	\$ 156	\$ 156
Nurse Family Partnership (MS 144.0742)	RFP - Competitive Tribal governments and community health boards	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000
Evidence-based Home Visiting Grants (MS 144.0742)	RFP- Competitive Nonprofit Organizations; Community Health Boards, Tribal Governments	\$ 15,245	\$ 15,345	\$ 15,345	\$ 15,345
Poison Control System Grants (MS 145.93)	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	\$ 2,379	\$ 2,379
Suicide Prevention Grants (MS 145.56)	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	\$ 843	\$ 843	\$ 1,248	\$ 1,248
Sage Cancer Screening Grants (MS 144.0742)	Single Sole Source Nonprofit Organization	\$ 497	\$ 518	\$ 518	\$ 518

(Dollars in Thousands)

Program Name Federal or State or Both (Citation)	Purpose/ Recipient Type(s) Eligibility Criteria	FY 2020	FY 2021	FY 2022	FY 2023
Safe Harbor Provider Grants (MS 145.4716)	RFP - Competitive Local public health and social service agencies, nonprofit organizations, tribal governments, units of government, schools and/or school districts, health care organizations	\$ 3,217	\$ 3,120	\$ 3,120	\$ 3,120
Zero Suicide Framework (MS 145.56 2)	Non-competitive Health care providers, health care plans, hospitals, clinics, and behavioral health clinics	\$ 83	\$ 95	\$ 100	\$ 100
Suicide Lifeline Grants (MS 145.56 2)	RFP - Competitive Crisis call centers, regional call centers, local public health and social service agencies, nonprofit organizations, emergency response organizations	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200
Sexual Violence Prevent Grants (MS 144.0742)	RFP - Competitive Community-based Organizations and Non-profits	\$ 319	\$ 319	\$ -	\$ -
Skin Lightening Grants (MS 144.0742)	RFP - Competitive Local public health organizations, non-profits organizations, community-based organizations	\$ 100	\$ 100	\$ -	\$ -
Non narcotic Pain Grants (MS 144.0742)	RFP - Competitive Tribal governments, local governments, health care providers, health plan companies/systems, wellness centers, other health-based centers and organizations	\$ 1,250	\$ -	\$ -	\$ -
Local Public Health Grants (MS 145A.131)	Formula Community Health Boards	\$ 21,665	\$ 21,665	\$ 21,665	\$ 21,665
Tribal Governments Grants (MS 145A.14 2a)	Formula Tribal Governments	\$ 1,166	\$ 1,166	\$ 1,166	\$ 1,166
Eliminating Health Disparities Initiative (MS 145.928)	RFP - Competitive Community Health Boards; Local Government; Nonprofits	\$ 3,142	\$ 3,142	\$ 3,142	\$ 3,142
Tobacco Use Prevention Grants (MS 144.396)	Competitive Tribes, Community Health Boards (CHB), Nonprofit Organizations, health care organizations and local units of government.	\$ 3,085	\$ 3,321	\$ 3,321	\$ 3,321
Community Solutions Grants (MS 144.0742)	RFP - Competitive Community-based organizations; local government; non-governmental organizations	\$ 765	\$ 765	\$ 765	\$ 765
Rural Hospital Capital Grants (MS 144.148)	RFP - Competitive Hospitals	\$ 1,755	\$ 1,755	\$ 1,755	\$ 1,755
Indian Health Grants (MS 145A.14)	RFP - Competitive Clinics	\$ 174	\$ 174	\$ 174	\$ 174
Community Clinic Grants (MS 145.9268)	RFP - Competitive Clinics	\$ 311	\$ 311	\$ 311	\$ 311

(Dollars in Thousands)

Program Name Federal or State or Both (Citation)	Purpose/ Recipient Type(s) Eligibility Criteria	FY 2020	FY 2021	FY 2022	FY 2023
Advanced Life Support Grants (MS 144.6062)	Non-competitive Rural health care providers and medical personnel	\$ 408	\$ 408	\$ 408	\$ 408
Dental Safety Net Grants (MS 145.929 1)	RFP - Competitive Clinics	\$ 50	\$ 50	\$ 50	\$ 50
Mental Safety Net Grants (MS 145.929 2)	RFP - Competitive Clinics	\$ 175	\$ 175	\$ 175	\$ 175
Hospital Safety Net Grants (MS 145.929 3)	RFP - Competitive Hospitals	\$ 590	\$ 590	\$ 590	\$ 590
Federally Qualified Health Centers (FQHC) Subsidy Grants (MS 145.9269)	Formula Clinics	\$ 2,425	\$ 2,425	\$ 2,425	\$ 2,425
Medical Education Research Costs (MERC) Formula Grants (MS 62J.692 4)	Formula Higher Education Inst.; Clinics; Hospitals	\$ 993	\$ 1,000	\$ 1,000	\$ 1,000
Home and Community Based Services (HCBS) Scholarship Grants (MS 144.1503)	RFP - Competitive HCBS providers	\$ 1,446	\$ 1,450	\$ 1,450	\$ 1,450
Health Professionals Clinical Training Expansion Grants (MS 144.1505 2, 5)	RFP – Competitive Health Professions training programs	\$ 574	\$ 502	\$ 500	\$ 500
Primary Care Residency Expansion Grants (MS 144.1506)	RFP - Competitive Clinics; Hospitals	\$ -	\$ 3,000	\$ 1,500	\$ 1,500
Sub-total		\$ 77,704	\$ 79,779	\$ 78,268	\$ 78,268

Medical Education and Research Costs Fund:

Medical Education Research Costs (MERC) Formula Grants (MS 62J.692 4)	Formula Higher Education Inst.; Clinics; Hospitals	\$ 56,035	\$ 56,727	\$ 56,727	\$ 56,727
Clinical Dental Education Innovations Grants (MS 62J.692)	RFP - Competitive Clinics; Institutions of Higher Education	\$ 1,122	\$ 1,122	\$ 1,122	\$ 1,122
University of Minnesota Primary Care Training Grants (MS 62J.692)	Formula Higher Education Institutions; Clinics; Hospitals	\$ 2,157	\$ 2,157	\$ 2,157	\$ 2,157
Hennepin Healthcare (HCMC) Clinical Education (MS 62J.692)	Formula Clinics; Hospitals	\$ 1,035	\$ 1,035	\$ 1,035	\$ 1,035
University of Minnesota Medical Education (MS 62J.692)	Formula Higher Education Inst.; Clinics	\$ 17,400	\$ 17,400	\$ 17,400	\$ 17,400
Sub-total		\$ 77,749	\$ 78,441	\$ 78,441	\$ 78,441

State Government Special Revenue Fund:

Education Now & Babies Later (MS 144.9255)	Non-Competitive – Formula Nonprofits and Community Health Boards	\$ 71	\$ 60	\$ 60	\$ 60
Adverse Events Reporting (MS 144.0742)	Competitive Quality and safety hospitals and providers	\$ 10	\$ 10	\$ 10	\$ 10

(Dollars in Thousands)

Program Name Federal or State or Both (Citation)	Purpose/ Recipient Type(s) Eligibility Criteria	FY 2020	FY 2021	FY 2022	FY 2023
Sub-total		\$ 81	\$ 70	\$ 70	\$ 70

Health Care Response Fund:

Health Care Provider Grants (20 070 02 001 03a)	Non-competitive Health and long-term care provider organizations	\$ 40,253	\$ 100,205	\$ -	\$ -
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MN COVID-19 Fund:

COVID-19 Response and Community Engagement Grants (20 071 01 007 02b)	Competitive Community-based non-profit organizations, Tribal governments, and other Community-based organizations	\$ 176	\$ 1,000	\$ -	\$ -
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Health Care Access Fund:

Statewide Health Improvement Grants (MS 145.986)	Competitive Community Health Boards and Tribes	\$ 14,599	\$ 14,634	\$ 14,634	\$ 14,634
Health Professional Loan Forgiveness (MS 144.1501)	RFP - Competitive Individuals	\$ 3,077	\$ 3,711	\$ 3,240	\$ 3,240
MERC Formula Grants (MS 62J.692)	Formula Higher Education Institutions; Clinics; Hospitals	\$ 993	\$ 1,000	\$ 1,000	\$ 1,000
Community Clinic Grants (MS 145.9268)	RFP - Competitive Clinics	\$ 223	\$ 250	\$ 250	\$ 250
Rural Hospital Plan and Transition Grants (MS 144.147)	RFP - Competitive Hospitals	\$ 248	\$ 300	\$ 300	\$ 300
Greater Minnesota Residency Grants (MS 144.1912)	Formula Clinics; Hospitals	\$ 1,160	\$ 1,000	\$ 1,000	\$ 1,000
Health Care Internship Grants (MS 144.1464)	RFP - Non Competitive Clinics; Hospitals, Nursing Homes	\$ 295	\$ 300	\$ 300	\$ 300
Federally Qualified Health Centers (FQHC) Subsidy Grants (MS 145.9269)	Formula Clinics	\$ 214	\$ 219	\$ 219	\$ 219
International Medical Graduates Residency Grants (MS 144.1911)	RFP - Competitive	\$ 795	\$ 867	\$ 867	\$ 867
Dental Safety Net Grants (MS 145.929 1)	RFP - Competitive Clinics	\$ 53	\$ 63	\$ 63	\$ 63
Mental Safety Net Grants (MS 145.929 2)	RFP - Competitive Clinics	\$ 196	\$ 219	\$ 219	\$ 219
Hospital Safety Net Grants (MS 145.929 3)	RFP - Competitive Hospitals	\$ 720	\$ 725	\$ 725	\$ 725
Sub-total		\$ 22,571	\$ 23,288	\$ 22,817	\$ 22,817

(Dollars in Thousands)

Program Name Federal or State or Both (Citation)	Purpose/ Recipient Type(s) Eligibility Criteria	FY 2020	FY 2021	FY 2022	FY 2023
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Environmental Fund:

Biomonitoring & Health Risks (MS 144.0742)	Non-competitive Clinic	\$ 4	\$ -	\$ -	\$ -
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Federal TANF Fund:

Family Planning Grants (MS 145.925)	RFP – Competitive Nonprofit Organizations; Community Health Boards; Tribal Governments	\$ 1,156	\$ 1,156	\$ 1,156	\$ 1,156
Maternal and Child Health Home Visiting Grant (MS 145.882; MS 145A.17)	Formula Community Health Boards; Tribal Governments	\$ 6,495	\$ 7,462	\$ 6,980	\$ 6,980
Home Visiting Tribal Grants (MS 145A.14 2a)	Formula Tribal Governments	\$ 728	\$ 969	\$ 848	\$ 848
Infant Mortality Grants (MS 145.928 7)	RFP – Competitive Non-governmental Organizations; Community Health Boards; Local Governments	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000
Sub-total		\$ 10,379	\$ 11,587	\$ 10,984	\$ 10,984

Health Protection**General Fund:**

Lead Abatement Grants (MS 144.9512)	RFP - Competitive Nonprofit Organizations; Community Health Boards	\$ 479	\$ 479	\$ 479	\$ 479
Healthy Homes Grants (MS 144.9513)	RFP –Non Competitive Nonprofit Organizations; Community Health Boards	\$ 215	\$ 240	\$ 240	\$ 240
Refugee Health & TB Grants (MS 144.0742)	Formula Community Health Boards	\$ 245	\$ 245	\$ 245	\$ 245
HIV Prevention Grants (MS 145.924)	Competitive Community Health Boards, tribal governments, higher education, non-profit	\$ 1,281	\$ 1,281	\$ 1,281	\$ 1,281
Tuberculosis Hennepin County Grant (MS 144.0742)	Non-Competitive Community Health Board	\$ 115	\$ 115	\$ 115	\$ 115
Sub-total		\$ 2,335	\$ 2,360	\$ 2,360	\$ 2,360

State Government Special Revenue Fund:

Drinking Water Grants (MS 144.383)	Competitive, Single Source Nonprofits, Governments, Higher Education	\$ 53	\$ 29	\$ 29	\$ 29
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(Dollars in Thousands)

Program Name Federal or State or Both (Citation)	Purpose/ Recipient Type(s) Eligibility Criteria	FY 2020	FY 2021	FY 2022	FY 2023
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Clean Water Fund:

Contaminants of Concern (MS 144.0742)	RFP -Competitive Nonprofit Organizations; Community Health Boards; Tribal Governments	\$ 49	\$ 100	\$ -	\$ -
Source Water Protection (MS 144.0742)	Competitive Local Governments, Public Water Supply Systems	\$ 15	\$ -	\$ -	\$ -
Groundwater Restoration Grants (MS 144.0742)	Sole Source Counties	\$ 50	\$ 40	\$ -	\$ -
Drinking Water Sources (MS 144.0742)	Competitive Local Governments, Public Water Supply Systems	\$ 1,052	\$ 870	\$ -	\$ -
Private Well Protection (MS 144.0742)	Sole Source Counties	\$ 40	\$ 20	\$ -	\$ -
Sub-total		\$ 1,206	\$ 1,030	\$ -	\$ -

Environmental Fund:

Blood, Lead & Asthma (MS 144.0742)	Sole Source Community Health Boards	\$ -	\$ 114	\$ -	\$ -
Grand Total		\$ 232,511	\$ 297,903	\$ 192,969	\$ 192,969