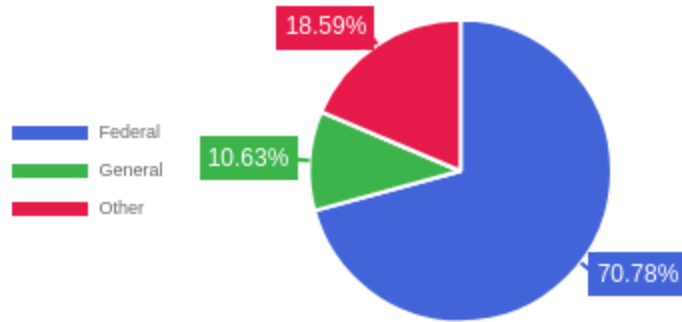


Department of Health

Fiscal Year 2026 Budget Brief Summary

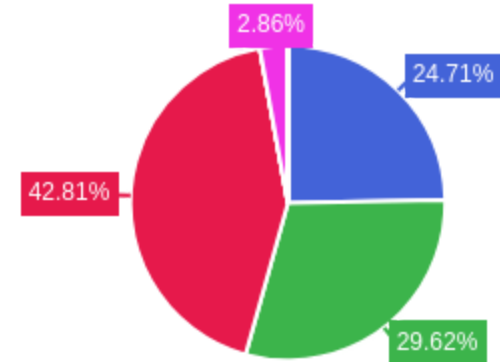
Information contained in this document is based on the Governor's FY2026 Budget and may not correspond with the final budget adopted by the Legislature.

Source of Funds



Administration
Licensure & Accreditation
Family and Community Health
Epidemiology, Surveillance & Informatics

Distribution of General Funds



Key Personnel

- Melissa Magstadt, Department Secretary
- Beth Dokken, Director of Family and Community Health
- Dr. Joshua Clayton, State Epidemiologist
- Dr. Tim Southern, Public Health Laboratory Director
- Darcy McGuigan, Director of Finance
- Lynne Valenti, Deputy Secretary/Director of Licensure & Accreditation
- Emily Kiel, Director of Healthcare Access

Mission of the Department of Health

Our Story

At the heart of our mission is a simple yet profound goal: to protect and improve the health of all South Dakotans. We are entrusted with the vital task of promoting wellness, preventing disease, and ensuring access to quality healthcare for individuals and families across our great state.

A Trusted Partner

Just like a steady hand leading the way, we work closely with healthcare providers, community organizations, and governmental agencies to champion health initiatives and deliver essential services. Our reach extends into every corner of South Dakota, empowering individuals with the tools and resources they need to lead healthier lives.

Responsive to Challenges

Our story is also one of adaptability. From addressing emerging health threats to providing swift responses during crises, we are the backbone of public health preparedness in South Dakota. Through these challenges, our commitment to the well-being of our residents remains unwavering.

Collaborative Approach

Just as different parts of nature work together in our state's landscapes, we recognize the importance of partnerships in public health. By working together with local communities, healthcare providers, and dedicated professionals, we create a strong foundation for a healthier South Dakota.

Empowering Communities

Our narrative is enriched by the lives we touch, the communities we empower, and the individuals who make healthier choices because of our efforts. We celebrate the stories of wellness triumphs, the successes of health promotion campaigns, and the impact of our educational initiatives.

Building a Healthier Future

Our commitment to the health and well-being of South Dakotans shapes our vision for the future. We envision a state where every individual has the opportunity to lead a healthy and fulfilling life, where communities thrive through wellness, and where our shared commitment to health unites us.

Department of Health Budget Units

- Administration (0901)
- Licensure & Accreditation (0903)
- Family and Community Health (0904)
- Laboratory Services (0905)
- Correctional Health (0906)
- Tobacco Prevention (0907)
- Epidemiology, Surveillance & Informatics (0908)
- Board of Chiropractic Examiners - Info (09201)
- Board of Dentistry - Info (09202)
- Board of Hearing Aid Dispensers - Info (09203)
- Board of Funeral Service - Info (09204)
- Board of Med & Osteo Examiners - Info (09205)
- Board of Nursing - Info (09206)
- Board of Nursing Home Admin - Info (09207)
- Board of Optometry - Info (09208)
- Board of Pharmacy - Info (09209)
- Board of Podiatry Examiners - Info (09210)
- Board of Massage Therapy - Info (09211)
- Board of Speech-Language Pathology -Info (09212)
- Board of Certified Prof Midwives - Info (09213)
- Board of Physical Therapy - Info (09214)

Major Items Summary - Department of Health

| | Agency Request | | | | | Governor's Recommendation | | | | |
|---|---------------------|---------------------|---------------------|----------------------|--------------|---------------------------|---------------------|---------------------|----------------------|--------------|
| | General | Federal | Other | Total | FTE | General | Federal | Other | Total | FTE |
| FY 2026 Base Budget | \$14,555,061 | \$97,366,156 | \$28,225,800 | \$140,147,017 | 382.5 | \$14,555,061 | \$97,366,156 | \$28,225,800 | \$140,147,017 | 382.5 |
| 1. Bright Start Reduction | \$0 | \$0 | \$0 | \$0 | 0.0 | (\$300,000) | \$0 | \$0 | (\$300,000) | 0.0 |
| 2. Complaint Team Surveyors | \$426,575 | \$0 | \$0 | \$426,575 | 3.0 | \$0 | \$0 | \$0 | \$0 | 0.0 |
| 3. Discretionary Provider Inflation | \$14,316 | \$15,220 | \$0 | \$29,536 | 0.0 | \$7,456 | \$7,927 | \$0 | \$15,383 | 0.0 |
| 4. Disease Prevention Funds Reduction | \$0 | \$0 | \$0 | \$0 | 0.0 | (\$225,000) | \$0 | \$0 | (\$225,000) | 0.0 |
| 5. Executive Director Contract | \$0 | \$0 | \$0 | \$0 | (0.6) | \$0 | \$0 | \$0 | \$0 | (0.6) |
| 6. FMAP Change | \$18,233 | (\$18,233) | \$0 | \$0 | 0.0 | \$18,233 | (\$18,233) | \$0 | \$0 | 0.0 |
| 7. Food & Lodging Inspections | \$32,856 | \$0 | \$0 | \$32,856 | 0.0 | \$32,856 | \$0 | \$0 | \$32,856 | 0.0 |
| 8. Forensic Case Managers and Chemist | \$0 | \$0 | \$331,376 | \$331,376 | 3.0 | \$0 | \$0 | \$331,376 | \$331,376 | 3.0 |
| 9. Health Facilities Inspection Increase | \$267,266 | \$0 | \$0 | \$267,266 | 0.0 | \$267,266 | \$0 | \$0 | \$267,266 | 0.0 |
| 10. Licensing Software | \$0 | \$0 | \$31,000 | \$31,000 | 0.0 | \$0 | \$0 | \$31,000 | \$31,000 | 0.0 |
| 11. Medicaid Expansion 5% FMAP Savings | \$45,132 | (\$45,132) | \$0 | \$0 | 0.0 | \$45,132 | (\$45,132) | \$0 | \$0 | 0.0 |
| 12. Newborn Screening Operations Coordinator | \$0 | \$110,307 | \$0 | \$110,307 | 1.0 | \$0 | \$110,307 | \$0 | \$110,307 | 1.0 |
| 13. Nurse II | \$0 | \$0 | \$69,860 | \$69,860 | 0.5 | \$0 | \$0 | \$69,860 | \$69,860 | 0.5 |
| 14. Physical Therapy Per Diem | \$0 | \$0 | \$10,500 | \$10,500 | 0.0 | \$0 | \$0 | \$10,500 | \$10,500 | 0.0 |
| 15. Podiatry Examiners Per Diem Rate Increase | \$0 | \$0 | \$1,996 | \$1,996 | 0.0 | \$0 | \$0 | \$1,996 | \$1,996 | 0.0 |

| | | | | | | | | | | |
|---|---------------------|---------------------|---------------------|----------------------|--------------|---------------------|---------------------|---------------------|----------------------|--------------|
| 16. Recruitment Assistance Program | \$1,285,777 | \$0 | \$0 | \$1,285,777 | 0.0 | \$0 | \$0 | \$0 | \$0 | 0.0 |
| 17. Registered Nurses Pay Equity | \$81,510 | \$0 | \$0 | \$81,510 | 0.0 | \$0 | \$0 | \$0 | \$0 | 0.0 |
| 18. Rural Experiences for Health Students Reduction | \$0 | \$0 | \$0 | \$0 | 0.0 | (\$50,000) | \$0 | \$0 | (\$50,000) | 0.0 |
| 19. Rural Healthcare Facility Assistance Program | \$352,501 | \$0 | \$0 | \$352,501 | 0.0 | \$0 | \$0 | \$0 | \$0 | 0.0 |
| 20. Sioux Falls One Stop | \$370,745 | \$330,096 | \$39,796 | \$740,637 | 0.0 | \$370,745 | \$330,096 | \$39,796 | \$740,637 | 0.0 |
| 21. Stroke Registry Data Entry Contract | \$140,000 | \$0 | \$0 | \$140,000 | 0.0 | \$0 | \$0 | \$0 | \$0 | 0.0 |
| 22. Stroke System of Care Manager | \$111,412 | \$0 | \$0 | \$111,412 | 1.0 | \$0 | \$0 | \$0 | \$0 | 0.0 |
| 23. Tobacco Prevention Fund Reduction | \$0 | \$0 | \$0 | \$0 | 0.0 | \$0 | \$0 | (\$3,000,000) | (\$3,000,000) | 0.0 |
| 24. Trauma Registry Contract | \$140,000 | \$0 | \$0 | \$140,000 | 0.0 | \$0 | \$0 | \$0 | \$0 | 0.0 |
| 25. Trauma Registry System Elimination | \$0 | \$0 | \$0 | \$0 | 0.0 | (\$25,000) | \$0 | \$0 | (\$25,000) | 0.0 |
| 26. Travel Stipend | \$53,801 | \$0 | \$0 | \$53,801 | 0.0 | \$0 | \$0 | \$0 | \$0 | 0.0 |
| 27. Women's Health Manager | \$0 | \$121,019 | \$0 | \$121,019 | 1.0 | \$0 | \$121,019 | \$0 | \$121,019 | 1.0 |
| FY 2026 Total Budget | \$17,895,185 | \$97,879,433 | \$28,710,328 | \$144,484,946 | 391.4 | \$14,696,749 | \$97,872,140 | \$25,710,328 | \$138,279,217 | 387.4 |
| Change from Base Budget | \$3,340,124 | \$513,277 | \$484,528 | \$4,337,929 | 8.9 | \$141,688 | \$505,984 | (\$2,515,472) | (\$1,867,800) | 4.9 |
| % Change from Base Budget | 22.9% | 0.5% | 1.7% | 3.1% | 2.3% | 1.0% | 0.5% | (8.9%) | (1.3%) | 1.3% |

1. Bright Start Reduction

| | General | Federal | Other | Total | FTE |
|---------------------------|-------------|---------|-------|-------------|------|
| Agency Request | \$0 | \$0 | \$0 | \$0 | 0.00 |
| Governor's Recommendation | (\$300,000) | \$0 | \$0 | (\$300,000) | 0.00 |

The governor recommends a decrease of **(\$300,000)** in **general funds** for a reduction in the Bright Start program.

The Bright Start program helps expecting and new mothers learn about health topics, parenting skills, child development, and other skills necessary to take care of a new born child. This program serves first-time pregnant women and families up to two years after birth. The skills mothers learn include nutrition, home safety, breastfeeding, and other important skills for early parenthood. Nurses also screen newborns for any potential health issues.

The Bright Start program served a total of 883 mothers and families in 2024. DOH's goal is to not have to reduce or eliminate any services by increasing the utilization of telehealth services to sustain Bright Start statewide. Rather, the reduction is due to realized savings through the use of telehealth. Telehealth would allow nurses to visit patients without having to travel to them as often. This would decrease the costs to provide these services, and the savings could be realized through a decrease appropriation for the Bright Start program. The total budget for the Bright Start program, not including the reduction, is currently \$4.5 million.

2. Complaint Team Surveyors

| | General | Federal | Other | Total | FTE |
|---------------------------|-----------|---------|-------|-----------|------|
| Agency Request | \$426,575 | \$0 | \$0 | \$426,575 | 3.00 |
| Governor's Recommendation | \$0 | \$0 | \$0 | \$0 | 0.00 |

The agency requests an increase of **\$426,575** in **general funds** and an increase of **3.0** FTE for Health Facility Surveyors.

The governor does not recommend this request.

When there is a complaint about a medical facility, such as a nursing home, it is the responsibility of the DOH, through the Office of Health Facilities Licensure & Certification, to investigate the complaint and report it to the Center of Medicare & Medicaid (CMS). Part of this inspection includes a survey of the medical facility and the treatment of their patients. Any violation of the standards of medical practice may include a warning to allow the medical facility to address issues found during the survey up to a revocation of the facility’s medical license.

The number of inspections has been growing year to year.

| Fiscal Year | Number of Inspections |
|-------------|-----------------------|
| 2020 | 614 |
| 2021 | 408 |
| 2022 | 642 |
| 2023 | 851 |
| 2024 | 888 |

DOH requests 3 health facility surveyors to account for the increasing trend of health facility surveys. Each health surveyor will have a middle-point salary of \$64,581 yearly for regular surveyors and \$71,743 yearly for senior surveyors. Without the extra surveyors, it would take longer to respond to complaints about health facilities, and critical issues may end up slipping through the cracks.

3. Discretionary Provider Inflation

| | General | Federal | Other | Total | FTE |
|---------------------------|----------|----------|-------|----------|------|
| Agency Request | \$14,316 | \$15,220 | \$0 | \$29,536 | 0.00 |
| Governor's Recommendation | \$7,456 | \$7,927 | \$0 | \$15,383 | 0.00 |

The agency requests an increase of \$14,316 in general funds and an increase of \$15,220 in federal funds for discretionary provider inflation.

The governor recommends an increase of \$7,456 in general funds and an increase of \$7,927 in federal funds.

Certain facilities provide services for South Dakota while not being owned directly by South Dakota. These facilities include health care facilities, nursing homes, service businesses, and other local businesses in South Dakota. The state pays these businesses for their services. Every year, the state increases the amount paid to these businesses.

The increase depends on the estimation of general funds that could be used for these providers, the Consumer Price Index (CPI), and prevailing market conditions. The general objective of these increases is to encourage businesses to continue doing business with the state while maintaining a balanced budget. The Governor's office makes the decision as to the percentage increase for all providers, and each agency applies the decision to the providers under their supervision.

In FY2026, the agencies applied an increase of 2.4% for all providers. The governor recommends an increase of 1.25% for all providers.

The discretionary provider inflation is for the rural residency program.

4. Disease Prevention Funds Reduction

| | General | Federal | Other | Total | FTE |
|---------------------------|-------------|---------|-------|-------------|------|
| Agency Request | \$0 | \$0 | \$0 | \$0 | 0.00 |
| Governor's Recommendation | (\$225,000) | \$0 | \$0 | (\$225,000) | 0.00 |

The governor recommends a decrease of (\$225,000) in general funds for disease outbreak outreach.

DOH provides a service to inform, educate, and assist the public before and during disease outbreaks. This may include a general warning posted on their website, general advertising, outreach at public events, and other means of disseminating information to the public. This may include infectious diseases such as Syphilis and COVID-19 to long term illnesses such as diabetes and cancer.

The reduction will not affect services, and DOH is not planning on reducing any of the services provided. DOH will rely on various federal funds such as the funds provided by the Center of Disease Control to provide the same services.

5. Executive Director Contract

| | General | Federal | Other | Total | FTE |
|---------------------------|---------|---------|-------|-------|--------|
| Agency Request | \$0 | \$0 | \$0 | \$0 | (0.60) |
| Governor's Recommendation | \$0 | \$0 | \$0 | \$0 | (0.60) |

The agency requests a decrease of **(0.6)** FTE for an executive director contract.

The governor recommends this request.

The Board of Massage Therapy is responsible for the licensure and management of massage therapists. The board meets regularly to discuss the licensing of massage therapists and any issues that may have arisen. The board is managed by an executive director. Currently, the executive director is an FTE position, and the state is responsible to pay the salary and benefits of the executive director. They are moving to a contract position. The only change is the reduction of FTE as the position shifts from a state employee position to a contract position. The amount of other funds paid out from the Board of Massage Therapy Fund does not change.

6. FMAP Change

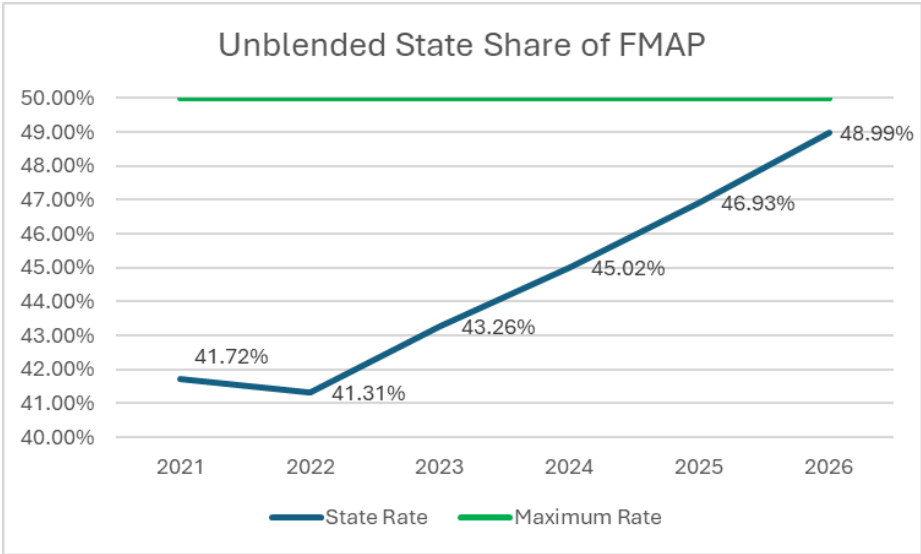
| | General | Federal | Other | Total | FTE |
|---------------------------|----------|------------|-------|-------|------|
| Agency Request | \$18,233 | (\$18,233) | \$0 | \$0 | 0.00 |
| Governor's Recommendation | \$18,233 | (\$18,233) | \$0 | \$0 | 0.00 |

The agency requests an increase of **\$18,233** in **general funds** and a decrease of **(\$18,233)** in **federal funds** for a change in FMAP.

The governor recommends this request.

South Dakota administers certain programs, such as Medicaid, Temporary Aid for Needy Families, and the Pierre Rural Family Medicine Residency Program. The cost of these programs is split between the state and the federal government at a rate called the Federal Medical Assistance Percentage or FMAP for short.

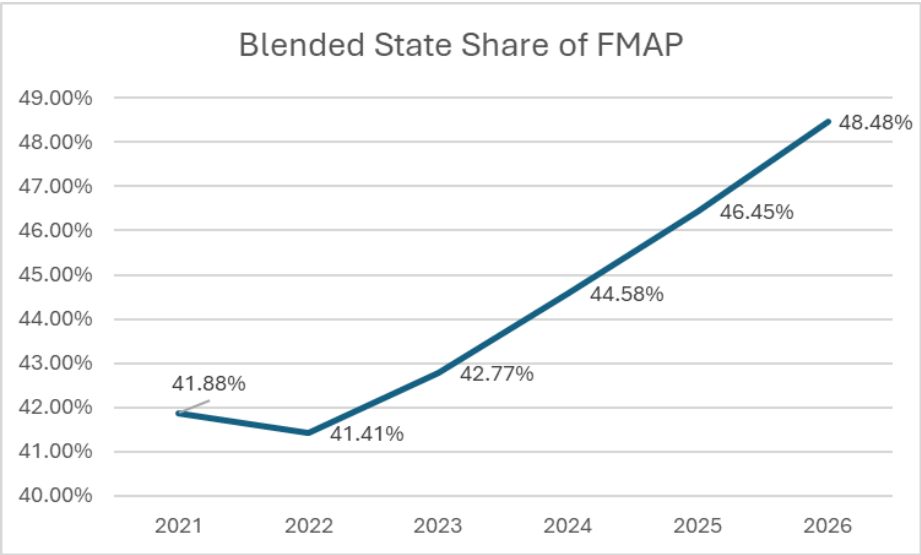
The exact percentage varies every year depending on the ratio of the three-year average of the per capita income of South Dakota versus the three-year average of the per capita income of the United States as a whole. The data for this calculation comes from the per capita income report produced by the Bureau of Economic Analysis. The state share of the FMAP must be between 50% and 17%. The FMAP is governed in code by 42 U.S. Code § 1396b.



For budgeting purposes, we use a blended FMAP which is a weighted average of the FMAP of the current year and the FMAP of the upcoming year. This is because the state fiscal year begins in July for South Dakota while the federal fiscal year begins in October for the federal government.

For SFY2026, the blended FMAP state share is 48.47% up from 46.45% in SFY2025. The main reason is the stronger than expected income performance for South Dakota in 2022. The unemployment rate in South Dakota has been at about 2% per year for the past few years with

a labor participation rate of 67.5%. The unemployment rate for the United States has been 4% for 2023 and the labor participation rate has been 62.6%. These factors have been driving the state share of FMAP up for the past few years since the COVID-19 pandemic.



The Department of Health uses FMAP for the Rural Residency Program.

7. Food & Lodging Inspections

| | General | Federal | Other | Total | FTE |
|---------------------------|----------|---------|-------|----------|------|
| Agency Request | \$32,856 | \$0 | \$0 | \$32,856 | 0.00 |
| Governor's Recommendation | \$32,856 | \$0 | \$0 | \$32,856 | 0.00 |

The agency requests an increase of **\$32,856** in **general funds** for an increase in the cost of food & lodging inspections.

The governor recommends this request.

DOH is responsible for the safety of food & lodging establishments. This is to ensure food served to customers is cooked properly, is safe, and reduces food-borne illnesses such as salmonella. Lodging and camping establishments are also inspected to ensure proper sanitation and cleanliness of these establishments. Each food establishment is inspected twice a year and lodging establishments are inspected every year.

DOH works with the Department of Public Safety (DPS) to perform these inspections and DOH pays an hourly rate to DPS for these inspections. There is an expected 4% increase of how much DOH will end up paying DPS to do these inspections in FY 2026. DOH is requesting general funds to cover the expected increase.

The table below shows the hourly rate DPS has been charging DOH to perform the food & lodging examinations

| Fiscal Year | Hourly Rate |
|-------------|-------------|
| 2021 | \$67.11 |
| 2022 | \$69.67 |
| 2023 | \$71.30 |
| 2024 | \$75.53 |

8. Forensic Case Managers and Chemist

| | General | Federal | Other | Total | FTE |
|---------------------------|---------|---------|-----------|-----------|------|
| Agency Request | \$0 | \$0 | \$331,376 | \$331,376 | 3.00 |
| Governor's Recommendation | \$0 | \$0 | \$331,376 | \$331,376 | 3.00 |

The agency requests an increase of **\$331,376** in **other fund** expenditure authority and an increase of **3.0** FTE for Forensic Case Managers & Chemists.

The governor recommends this request.

The South Dakota Public Health Lab (SDPHL) performs various lab testing for various agencies across the state. They perform mainly blood-alcohol analysis, urine analysis, and other medical tests. The volume of tests has been increasing for the past couple of years.

| Fiscal Year | Number of tests |
|-------------|-----------------|
| 2021 | 18,965 |
| 2022 | 17,965 |
| 2023 | 16,436 |
| 2024 | 18,105 |

The SDPHL employs one deputy director, one laboratory program assistant, and eight chemists.

DOH is asking for two case managers and one forensic chemist. The case manager will work on complex cases with the forensic chemists and provide client support where necessary. They will report directly to the deputy director, but they will not have any supervisory duties. The forensic chemist will work with the other forensic chemists in doing blood and urine analysis when needed. By hiring these FTEs, the goal is to keep turn around time for lab requests down as low as possible.

All three FTEs will be paid out of the State Laboratory Fund.

9. Health Facilities Inspection Increase

| | General | Federal | Other | Total | FTE |
|---------------------------|-----------|---------|-------|-----------|------|
| Agency Request | \$267,266 | \$0 | \$0 | \$267,266 | 0.00 |
| Governor's Recommendation | \$267,266 | \$0 | \$0 | \$267,266 | 0.00 |

The agency requests an increase of **\$267,266** in **general funds** for health facilities inspection increase.

The governor recommends this request.

When there is a complaint relating to serious patient care and treatment issues, abuse, neglect issues, and other incidents affecting patient care or treatment, DOH investigates the complaint. A report is generated by the investigation which includes what the complaint was, details of the incident, and any remedies to be made by the medical facilities. The facilities subject include assisted-living facilities, hospices, hospitals, nursing homes, and other medical facilities.

CMS provides \$1,520,393 in Medicare and \$1,140,687 in Medicaid funds. These rates have not changed in over a decade, and the number of inspections and the costs to administer the inspections have gone up.

| Fiscal Year | Number of Inspections |
|-------------|-----------------------|
| 2020 | 614 |
| 2021 | 408 |
| 2022 | 642 |
| 2023 | 851 |
| 2024 | 888 |

DOH has been using transfers to cover the shortfall by taking authority from program areas that have a surplus. This request would cover the shortfall not covered by CMS.

10. Licensing Software

| | General | Federal | Other | Total | FTE |
|---------------------------|---------|---------|----------|----------|------|
| Agency Request | \$0 | \$0 | \$31,000 | \$31,000 | 0.00 |
| Governor's Recommendation | \$0 | \$0 | \$31,000 | \$31,000 | 0.00 |

The agency requests an increase of **\$31,000** in **other fund** expenditure authority for licensing software maintenance.

The governor recommends this request.

The Board of Medicine and Osteopathic Examiners governs medical and osteopathic licenses, including standards of practice and the process of gaining a medical license to practice in South Dakota. The board sets the rules on how to get a license and how to maintain a license. The board charges fees relating to getting a license, renewing a license, and other fees relating to licensing. These fees are deposited in the Board of Medical and Osteopathic Examiners fund, and this fund is to cover the costs of the operations of the board.

To help manage and keep track of the medical licenses, the board works with an external software company who develops and maintains the software. The software company charges fees to maintain the software, and this maintenance is covered by the board. This request is coming out of the Board of Medicine and Osteopathic Examiners fund. No changes to the fees charged by the board are expected by this request.

11. Medicaid Expansion 5% FMAP Savings

| | General | Federal | Other | Total | FTE |
|---------------------------|----------|------------|-------|-------|------|
| Agency Request | \$45,132 | (\$45,132) | \$0 | \$0 | 0.00 |
| Governor's Recommendation | \$45,132 | (\$45,132) | \$0 | \$0 | 0.00 |

The agency requests an increase of **\$45,132** in **general funds** and a decrease of **(\$45,132)** in **federal funds** for the end of the 5% Enhanced FMAP bonus.

The governor recommends this request.

As part of the American Rescue Plan Act (ARPA) of 2021 § 9814, states that expanded Medicaid after the passage of ARPA could receive an additional 5% FMAP bonus for two years after the state adopted Medicaid Expansion.

During the 2022 election, voters approved Amendment D into the South Dakota constitution, providing for the expansion of Medicaid into the state. In FY2024, Medicaid Expansion was adopted and put into the budget. As per ARPA, all programs that received the traditional FMAP match received an additional 5% enhanced FMAP match. This match was included in the budgets for the Department of Social Services, Department of Human Services, Department of Veteran Affairs, Department of Health, and the Department of Corrections. The enhanced FMAP for all departments was included in the FY2024 budget and continued into the FY2025 budget as a fund swap between the general fund and federal fund expenditure authority.

The 5% FMAP savings ends as of FY2026. The changes include what was budgeted back in FY2024 plus any changes that would be affected by the 5% FMAP savings, such as nurses' salaries, program costs, and new programs that were budgeted using the savings built in.

12. Newborn Screening Operations Coordinator

| | General | Federal | Other | Total | FTE |
|---------------------------|---------|-----------|-------|-----------|------|
| Agency Request | \$0 | \$110,307 | \$0 | \$110,307 | 1.00 |
| Governor's Recommendation | \$0 | \$110,307 | \$0 | \$110,307 | 1.00 |

The agency requests an increase of **\$110,307** in **federal funds** and an increase of **1.0** FTE for a Newborn Screening Operations Coordinator.

The governor recommends this request.

SDCL 34-24-17 requires all infants “born in South Dakota shall be screened for metabolic, inherited, and genetic disorders”. DOH is responsible for oversight of these tests for all infants born in South Dakota, and they work with the various hospitals and clinics throughout South Dakota to ensure these tests are being done.

The Newborn Screening Coordinator would work with all the hospitals and clinics to ensure the tests are being done up to state and national guidelines and requirements. The coordinator would be responsible for keeping metrics on the program, improving outcomes, and increasing efficiencies. An example of this would be implementing electronic reporting for all hearing screens. This is especially important in rural communities where results are submitted using paper forms. The coordinator would be responsible for managing partnerships and relationships to maintain a high-quality standard and an efficient transition from screening to intervention when necessary.

This request is funded by the Cooperative Newborn Screening System Properties Program (NBS Co-Propel), a federal grant administered by the Health Resources and Services Administration.

13. Nurse II

| | General | Federal | Other | Total | FTE |
|---------------------------|---------|---------|----------|----------|------|
| Agency Request | \$0 | \$0 | \$69,860 | \$69,860 | 0.50 |
| Governor's Recommendation | \$0 | \$0 | \$69,860 | \$69,860 | 0.50 |

The agency requests an increase of **\$69,860** in **other fund** expenditure authority and an increase of **0.5** FTE for a Nurse II position on the Board of Nursing.

The governor recommends this request.

The Board of Nursing is responsible for all regulations concerning nurses of all types within South Dakota. This includes the accreditation of nursing programs, the licensing of nurses, and the enforcement of nursing standards in South Dakota after being licensed.

When there is a complaint about a specific nurse, it is the responsibility of DOH to investigate the complaint and enforce any remedies that the department may deem necessary. This is handled in the department specifically by the Board of Nursing and the Office of Licensure & Certification.

The Nurse II position would focus primarily on the investigation of Certified Nursing Assistants (CNA) who have received a complaint from a patient. This investigation includes a determination of any harm, if regulations were followed, and the severity of the charge. The Nurse II would then make a recommendation to the Board of Nursing, and the board can make a determination from there. This position would shift some of the responsibility of investigating to the Board of Nursing and away from the Office of Licensure & Certification.

The position would be funded by the Board of Nursing fund.

14. Physical Therapy Per Diem

| | General | Federal | Other | Total | FTE |
|---------------------------|---------|---------|----------|----------|------|
| Agency Request | \$0 | \$0 | \$10,500 | \$10,500 | 0.00 |
| Governor's Recommendation | \$0 | \$0 | \$10,500 | \$10,500 | 0.00 |

The agency requests an increase of **\$10,500** in **other fund** expenditure authority for an increase in the Board of Physical Therapy per diem.

The governor recommends this request.

The Board of Physical Therapy is a new board in the Department of Health. The board oversees the licensure and standards of all physical therapists in South Dakota. The board consists of seven board members, and they are planning to meet six times over the year. Their role is to establish rules fees, education requirements, and other standards to obtain and maintain a license to be a physical therapist in South Dakota. Similar to other boards, they are responsible for investigating complaints dealing with physical therapists, and enforcing any remedies that they deem necessary.

The other fund being used for this request is coming from the Board of Physical Therapy fund. This fund is funded by the licensing fees the board charges.

15. Podiatry Examiners Per Diem Rate Increase

| | General | Federal | Other | Total | FTE |
|---------------------------|---------|---------|---------|---------|------|
| Agency Request | \$0 | \$0 | \$1,996 | \$1,996 | 0.00 |
| Governor's Recommendation | \$0 | \$0 | \$1,996 | \$1,996 | 0.00 |

The agency requests an increase of **\$1,996** in **other fund** expenditure authority for an increase in the per diem rate for the Board of Podiatry.

The governor recommends this request.

The Board of Podiatry Examiners is the board responsible for the licensing, accreditation, and standards for the practice of podiatry. The board consists of five members, and they meet at least quarterly throughout the year and each time they meet, each member is paid a per diem. This is to cover for the time away from their practice to meet together. Currently the per diem rate is \$60 per member per meeting. The request would increase the per diem rate to \$[xx] per member per meeting.

The other fund being used is the Board of Podiatry Examiners fund. All fees paid to the board goes into the fund, and the fund pays for all expenses occurred by the board including the per diem.

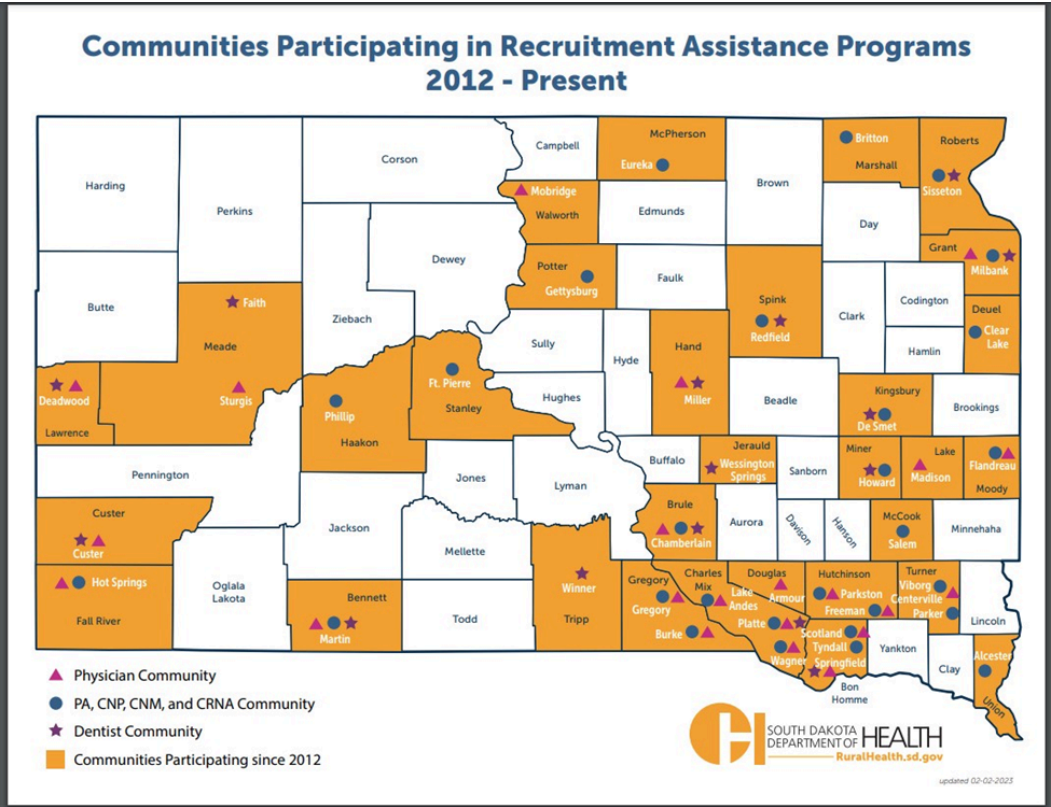
16. Recruitment Assistance Program

| | General | Federal | Other | Total | FTE |
|---------------------------|-------------|---------|-------|-------------|------|
| Agency Request | \$1,285,777 | \$0 | \$0 | \$1,285,777 | 0.00 |
| Governor's Recommendation | \$0 | \$0 | \$0 | \$0 | 0.00 |

The agency requests an increase of **\$1,285,777** in **general funds** for the Recruitment Assistance Program.

The governor does not recommend this request.

The Recruitment Assistance Program is to help recruit medical and dental students to practice in underserved areas of South Dakota. The student agrees to serve in an area and the state, through DOH, and the community pays the student based on the contract the student agrees to. Students are paid on average \$70,500 per year for a three-year commitment to serve in the area. Below is the map where students involved with the Recruitment Assistance Program serve.



Currently, the program is funded by special appropriation. Each special appropriation would last a few years, and when the funds ran out, a new special appropriation had to be passed to continue the program. The latest bill to fund this program was 2024 SB 44 which appropriated \$700,863 for this program. The department seeks to move this to a general appropriation to continue the program indefinitely.

17. Registered Nurses Pay Equity

| | General | Federal | Other | Total | FTE |
|---------------------------|----------|---------|-------|----------|------|
| Agency Request | \$81,510 | \$0 | \$0 | \$81,510 | 0.00 |
| Governor's Recommendation | \$0 | \$0 | \$0 | \$0 | 0.00 |

The agency requests an increase of **\$81,510** in **general funds** for Registered Nurses’ pay equity.

The governor does not recommend this request.

The Office of Health Facilities Licensure & Certification uses nurses to evaluate health facilities and nursing personnel to ensure quality standards. This often means evaluating nursing facilities and traveling to them. The office has been experiencing a high turnover rate for nurses in the office. The office is seeking to remedy this by introducing a pay equity plan. Current registered nurses’ (RNs) hourly pay would be adjusted to a pay scale, and the scale would be evaluated regularly based on salary policy and COLA increases.

The proposed pay scale for RNs would be changed as below.

| Years of Experience | Hourly Rate |
|---------------------|-------------|
| New Grad - 1 | \$30.90 |
| 2-5 | \$32.45 |
| 6-10 | \$33.99 |
| 11-15 | \$35.54 |
| 16-20 | \$37.08 |
| 21+ | \$38.63 |

The goal is to increase the pay for all RNs working at the office to be equitable with industry pay.

18. Rural Experiences for Health Students Reduction

| | General | Federal | Other | Total | FTE |
|---------------------------|------------|---------|-------|------------|------|
| Agency Request | \$0 | \$0 | \$0 | \$0 | 0.00 |
| Governor's Recommendation | (\$50,000) | \$0 | \$0 | (\$50,000) | 0.00 |

The governor recommends a decrease of **(\$50,000)** in **general funds** for a reduction in the Rural Experiences for Health Profession Students program.

The Rural Experiences for Health Professions Students program (REHPS) is a program that sends students to work in hospitals in areas with a population of less than 12,000 people. To qualify for this program, the student must be enrolled in one of the following programs: Bachelor of Nursing, Clinical Psychology, Family Nurse Practitioner, Medical Doctor, Medical Laboratory Science, Occupational Therapy, Physical Therapy, Physician Assistant, Pharmacy, and Social Work. This is a competitive program, and only a limited number of students can participate in the REHPS program. Once selected, students are paired in interprofessional pairs in communities with a critical access hospital and a population of under 12,000 people.

DOH contracts with the Southeast South Dakota Area Health Education Center to facilitate the programs and give stipends to the participating students during their 4-week rotation. Each student receives on average \$7,077 in total for the program, and the program has a budget for \$220,000.

The cut recommended by the governor would not eliminate the program, but 7 fewer students would be able to participate in the program.

19. Rural Healthcare Facility Assistance Program

| | General | Federal | Other | Total | FTE |
|---------------------------|-----------|---------|-------|-----------|------|
| Agency Request | \$352,501 | \$0 | \$0 | \$352,501 | 0.00 |
| Governor's Recommendation | \$0 | \$0 | \$0 | \$0 | 0.00 |

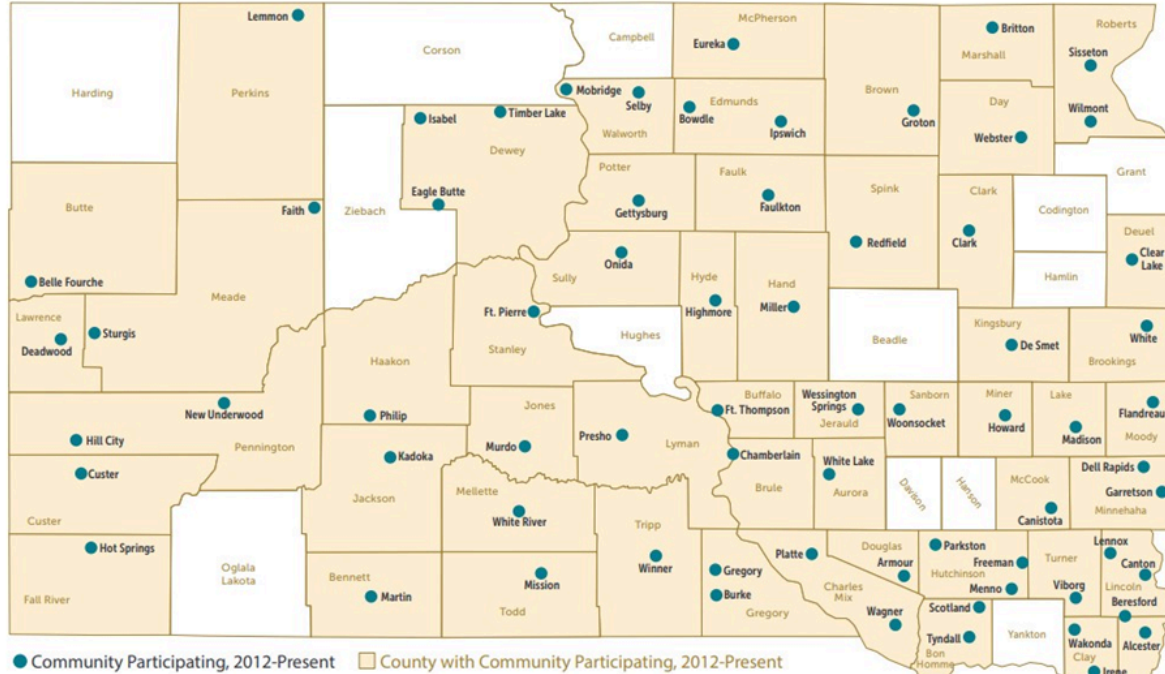
The agency requests an increase of **\$352,501** in **general funds** for the Rural Healthcare Facility Assistance Program.

The governor does not recommend this request.

The Rural Healthcare Facility Assistance Program (RHFAP) is a program to help rural hospitals and health clinics recruit and retain health professionals, as defined in SDCL 34-12G-12, in qualified health facilities. Health professionals work in rural health facilities for three years. In return, these health professionals receive a bonus of \$10,000 in addition to their salaries.

The cost is split between the department and the employing facility. The split is determined by the size of the community the health facility is located in. For health facilities located in a community with less than 2,500 people, the health facility pays 25% of the \$10,000. For health facilities located in a community with greater than 2,500 but less than 10,000 people, the health facility pays 50% of the \$10,000.

Communities Participating in the Rural Healthcare Facility Recruitment Assistance Program (RHFRAP) 2012 - Present



ELIGIBLE OCCUPATIONS: Dietitian or Nutritionist, Nurse (LPN or RN), Occupational Therapist, Respiratory Therapist, Pharmacist, Physical Therapist, Paramedic, Radiologic Technologist, Medical Laboratory Professional, Healthcare Social Worker, and Speech Therapist

ELIGIBLE FACILITIES: Hospitals, Nursing Facilities, Federal Certified Home Health Agencies, Chemical Dependency Treatment Facilities, Intermediate Care Facilities for People with Intellectual/Developmental Disabilities, Community Support Providers, ESRD Facilities, Community Mental Health Centers, Community Health Centers (FQHCs), and Ambulance Services



updated 08-09-2024

This program is currently being funded by special appropriation. When the funds run out in the special appropriation, a new special appropriation is written and has to be passed by the legislature. The department seeks to move the funding of this program to a general appropriation to ensure that there is always enough funds to continue this program.

20. Sioux Falls One Stop

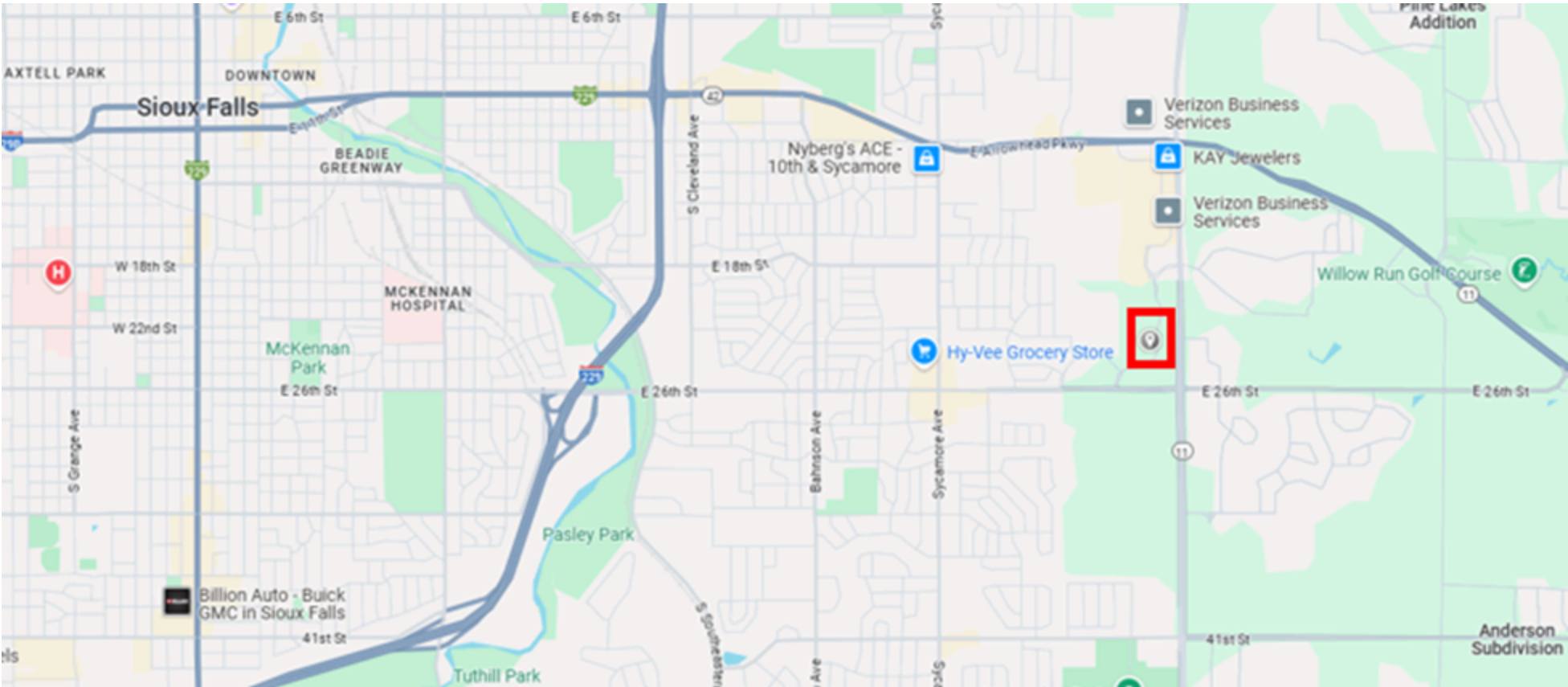
| | General | Federal | Other | Total | FTE |
|---------------------------|-----------|-----------|----------|-----------|------|
| Agency Request | \$370,745 | \$330,096 | \$39,796 | \$740,637 | 0.00 |
| Governor's Recommendation | \$370,745 | \$330,096 | \$39,796 | \$740,637 | 0.00 |

The agency requests an increase of **\$370,745** in **general funds**, an increase of **\$330,096** in **federal funds** and an increase of **\$39,796** in **other fund** expenditure authority for space in the Sioux Falls One Stop.

The governor recommends this request.

The Sioux Falls One Stop is a building set to house multiple agencies designed to centralize public service in the Sioux Falls area. The campus is set to be located along Highline Avenue just north of 26th Street. It is south of Dawley Farms Village in the eastern part of the city.

Below is a map of the location of the One Stop within Sioux Falls.



The One Stop is being developed by Dream Design International, which has teamed up with CO-OP Architecture and McGough Construction for completing the project. Dream Design was selected via [a bidding process started on September 12, 2022](#). The company has taken on the full cost of constructing the building.

The landlord for the building will be SF One Stop LLC, a company managed by the owner of Dream Design International, Hani Shafai. The One Stop is expected to be completed and ready for move-in around June 2025. Agencies may move into the One Stop before the lease begins but must pay rent for the time that they occupy the building. The One Stop will consist of three connected structures at the same location, housing thirteen separate agencies.

The lease is set to be for a period of 30 years, from September 1, 2025, to August 31, 2055. Each agency will be charged is \$22.95 per sq. ft. for the lease plus \$3.97 per sq. ft. for the operating costs of the building for a total of \$26.92 per sq. ft. Along with their own square footage, agencies are responsible for the rent on a portion of the common area shared across the entire One Stop.

The state has agreed to pay, in total, \$543,387 per month for rent and \$93,998 per month for operating costs. The state is also responsible for covering the cost of electricity, gas, water, sewer, telephone, cable, janitorial services, garbage pickup, and internet. The landlord has agreed to cover landscaping, lawn mowing, and snow removal. In the event the Legislature does not provide expenditure authority for renting space in the One-Stop, the lease becomes null and void.

The table below shows the cost per agency for renting space in the Sioux Falls One Stop as opposed to renting space in the previous locations being used by these agencies.

| SIOUX FALLS | | | Prior to One Stop | | | One Stop | | | Difference | | |
|-------------|---------------------------------|-------------|-------------------|----------------|--------------|----------|----------------|--------------|------------|----------------|--------------|
| Agency | Address | City | SqFt | Price per SqFt | Annual Cost | SqFt | Price per SqFt | Annual Cost | SqFt | Price per SqFt | Annual Cost |
| DOH | 4101 West 38th St | Sioux Falls | 23,575 | \$ 13.50 | \$ 318,264 | 43,355 | \$ 26.92 | \$ 1,167,124 | 13,862 | \$ 13.15 | \$ 760,977 |
| DOH | 2900 West 11th St | Sioux Falls | 5,918 | \$ 14.85 | \$ 87,882 | | | | | | |
| DHS | 2900 West 11th St | Sioux Falls | 7,640 | \$ 14.85 | \$ 113,454 | 28,985 | \$ 26.92 | \$ 780,284 | 13,811 | \$ 12.62 | \$ 563,265 |
| DHS | 811 East 10th St | Sioux Falls | 7,534 | \$ 13.75 | \$ 103,565 | | | | | | |
| DPS | 2501 West Russell St | Sioux Falls | 4,758 | \$ 14.68 | \$ 69,847 | 12,172 | \$ 26.92 | \$ 327,659 | 7,414 | \$ 12.24 | \$ 257,811 |
| DOR | 300 S Sycamore Ave Ste 102 | Sioux Falls | 9,578 | \$ 18.45 | \$ 176,666 | 14,597 | \$ 26.92 | \$ 392,959 | 5,019 | \$ 8.47 | \$ 216,293 |
| DLR | 301 East 14th Suite 200 | Sioux Falls | 1,260 | \$ 13.86 | \$ 17,462 | | | | | | |
| DLR | 1500 W 51st St Suite 102 | Sioux Falls | 4,703 | \$ 13.00 | \$ 61,139 | 38,882 | \$ 26.92 | \$ 1,046,710 | 15,120 | \$ 13.35 | \$ 724,279 |
| DLR | 1500 W 51st St Suite 106 | Sioux Falls | 3,563 | \$ 13.50 | \$ 48,101 | | | | | | |
| DLR | 811 East 10th St | Sioux Falls | 14,236 | \$ 13.75 | \$ 195,730 | | | | | | |
| DSS | 811 East 10th St | Sioux Falls | 42,018 | \$ 13.75 | \$ 577,631 | 96,552 | \$ 26.92 | \$ 2,599,180 | 45,048 | \$ 12.76 | \$ 1,869,773 |
| DSS | 3900 West Technology Circle, S | Sioux Falls | 9,486 | \$ 16.00 | \$ 151,776 | | | | | | |
| GOED | 4901 South Isabel Place Suite 2 | Sioux Falls | 3,755 | \$ 21.57 | \$ 81,002 | 5,834 | \$ 26.92 | \$ 157,057 | 2,079 | \$ 5.35 | \$ 76,055 |
| BIT | 1701 North Terin Circle | Sioux Falls | 2,500 | \$ 6.25 | \$ 15,625 | 10,124 | \$ 26.92 | \$ 272,545 | 7,624 | \$ 20.67 | \$ 256,920 |
| DANR | 4305 S Louise Ave Suite 107 | Sioux Falls | 700 | \$ 12.52 | \$ 8,764 | 7,477 | \$ 26.92 | \$ 201,275 | 5,142 | \$ 13.42 | \$ 169,763 |
| DANR | 4305 S Louise Ave Suite 104 & | Sioux Falls | 1,635 | \$ 13.91 | \$ 22,748 | | | | | | |
| DOC | NA | NA | - | \$ - | \$ - | 13,524 | \$ 26.92 | \$ 364,078 | 13,524 | \$ 26.92 | \$ 364,078 |
| BHRA | 4305 S Louise Ave | Sioux Falls | 288 | \$ 12.50 | \$ 3,600 | 6,129 | \$ 26.92 | \$ 165,005 | 5,841 | \$ 14.42 | \$ 161,405 |
| DOE | 4001 West Valhalla Boulevard S | Sioux Falls | 220 | \$ 25.91 | \$ 5,700 | 525 | \$ 26.92 | \$ 14,142 | 305 | \$ 1.01 | \$ 8,442 |
| UJS | 4101 West 38th St | Sioux Falls | 534 | \$ 13.50 | \$ 7,212 | 5,966 | \$ 26.92 | \$ 160,602 | 5,432 | \$ 13.42 | \$ 153,390 |
| | | | 143,901 | \$ 14.36 | \$ 2,066,167 | 284,124 | \$ 26.92 | \$ 7,648,618 | 140,223 | \$ 12.56 | \$ 5,582,451 |

21. Stroke Registry Data Entry Contract

| | General | Federal | Other | Total | FTE |
|---------------------------|-----------|---------|-------|-----------|------|
| Agency Request | \$140,000 | \$0 | \$0 | \$140,000 | 0.00 |
| Governor's Recommendation | \$0 | \$0 | \$0 | \$0 | 0.00 |

The agency requests an increase of \$140,000 in general funds for stroke registry contract.

The governor does not recommend this request.

The department seeks to work with a company to start a stroke registry system within South Dakota. The purpose of the system is to provide a centralized system to track stroke data. The contract would setup the infrastructure for the department to track stroke data including the incidents of strokes and suspected stroke data.

There is no central organization within South Dakota to track stroke data and the only organization within the United States that does so is the American Heart Association.

The appropriation would cover the contract costs to maintain the system once it was in place.

22. Stroke System of Care Manager

| | General | Federal | Other | Total | FTE |
|---------------------------|-----------|---------|-------|-----------|------|
| Agency Request | \$111,412 | \$0 | \$0 | \$111,412 | 1.00 |
| Governor's Recommendation | \$0 | \$0 | \$0 | \$0 | 0.00 |

The agency requests an increase of \$111,412 in general funds and an increase of 1.0 FTE for Stoke System of Care Manager.

The governor does not recommend this request.

The department seeks to set up a stroke database to track stroke data. The FTE would manage the database to ensure its integrity. The data would come from American Heart Association and from electronic Patient Care Report. The database would enable researchers and health professionals obtain data and better understand trends occurring within South Dakota concerning strokes.

This request goes with the Stroke Registry contract.

23. Tobacco Prevention Fund Reduction

| | General | Federal | Other | Total | FTE |
|---------------------------|---------|---------|---------------|---------------|------|
| Agency Request | \$0 | \$0 | \$0 | \$0 | 0.00 |
| Governor's Recommendation | \$0 | \$0 | (\$3,000,000) | (\$3,000,000) | 0.00 |

The governor recommends a decrease of (\$3,000,000) in **other fund** expenditure authority.

The Tobacco Prevention and Reduction Fund was created by SDCL 34-46-12. The fund is used to help prevent and reduce tobacco use. These efforts can include television advertisements, and education at the schools. The South Dakota Quit Line is a service which helps people quit using tobacco and is funded by the Tobacco Prevention and Reduction Fund. The Tobacco Prevention and Reduction Fund is funded by taxes on tobacco products as prescribed by SDCL 10-50-52.

The governor’s recommendation would reduce the amount going from the general fund to the Tobacco Prevention and Reduction Fund to \$2 million per year. This recommendation would not reduce the operations of the fund.

24. Trauma Registry Contract

| | General | Federal | Other | Total | FTE |
|---------------------------|-----------|---------|-------|-----------|------|
| Agency Request | \$140,000 | \$0 | \$0 | \$140,000 | 0.00 |
| Governor's Recommendation | \$0 | \$0 | \$0 | \$0 | 0.00 |

The agency requests an increase of \$140,000 in **general funds** for the Trauma Registry contract.

The governor does not recommend this request.

DOH contracts with ESO Solutions to operate and maintain a trauma database. The trauma registry tracks injuries that occur within South Dakota, and can be used to track trends and provides information for decision makers. The ESO contract is increasing by 400% from the current contract amount, and the request is a reflection of this amount.

DOH is looking to work with other contractors such as ImageTrend Biospatial, Servos LLC, Bonterra, NQS, and IQVIA.

Without this appropriation, the contract would expire and no one would be maintaining the trauma database.

25. Trauma Registry System Elimination

| | General | Federal | Other | Total | FTE |
|---------------------------|------------|---------|-------|------------|------|
| Agency Request | \$0 | \$0 | \$0 | \$0 | 0.00 |
| Governor's Recommendation | (\$25,000) | \$0 | \$0 | (\$25,000) | 0.00 |

The governor recommends a decrease of (\$25,000) in general funds for the elimination trauma registry system.

DOH has maintained a trauma registry since 2008 which tracks trauma incidents across South Dakota. This allows hospitals and health facilities to track patients who have a history of traumatic injuries. It also allows researchers and state workers to track trends that may be occurring.

This recommendation would eliminate the trauma registry system from the budget.

26. Travel Stipend

| | General | Federal | Other | Total | FTE |
|---------------------------|----------|---------|-------|----------|------|
| Agency Request | \$53,801 | \$0 | \$0 | \$53,801 | 0.00 |
| Governor's Recommendation | \$0 | \$0 | \$0 | \$0 | 0.00 |

The agency requests an increase of \$53,801 in general funds for a travel stipend for complaint surveyors.

The governor does not recommend this request.

When a complaint is made against a health facility, the Office of Health Facilities Licensure & Certifications sends out a team of complaint surveyors, depending on the nature of the complaint. This often includes traveling to the facility in question to inspect the facility. Complaint surveyors average 768.6 hours per surveyor per year.

Currently, surveyors do not receive any additional compensation for traveling to these facilities. DOH is asking for an appropriation to institute a \$2 per hour travel stipend for travel expenses.

27. Women's Health Manager

| | General | Federal | Other | Total | FTE |
|---------------------------|---------|-----------|-------|-----------|------|
| Agency Request | \$0 | \$121,019 | \$0 | \$121,019 | 1.00 |
| Governor's Recommendation | \$0 | \$121,019 | \$0 | \$121,019 | 1.00 |

The agency requests an increase of **\$121,019** in **federal funds** and an increase of **1.0** FTE for Women’s Health Manager.

The governor recommends this request.

The Women’s Health Manager is responsible for managing the Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) grant. This is a federal grant given to South Dakota to help manage pregnant women’s health to prevent maternal deaths. The position will be used to develop strategic partnerships with community health providers, local medical providers, and other community-based organizations across the state, managing contracts, and developing community-based programming.

In addition to the ERASE MM grant, the Women’s Health Manager would manage the women’s domain of the Maternal Child Health block grant. The work would focus on existing grant priorities such as postpartum care and contributing factors of mortality like mental health challenges and substance abuse.

The FTE would be paid using the federal funds from the ERASE MM grant and the Maternal Child Health Block Grant.

| Department of Health Budget Request | | | | | | | |
|--|----------------|----------------|------------------------|----------------|------------------------|-------------------------------|--------------------|
| By Fund Category | FY 2023 Actual | FY 2024 Actual | FY 2024 Budget Revised | FY 2025 Budget | FY 2026 Agency Request | FY 2026 Governors Recommended | Change From FY2025 |
| General | \$11,517,373 | \$14,187,903 | \$15,087,757 | \$14,555,061 | \$17,895,185 | \$14,696,749 | \$141,688 |
| Federal | \$56,692,450 | \$95,319,172 | \$145,791,421 | \$97,366,156 | \$97,879,433 | \$97,872,140 | \$505,984 |
| Other | \$48,050,417 | \$23,523,825 | \$29,105,272 | \$28,225,800 | \$28,710,328 | \$25,710,328 | (\$2,515,472) |
| Total | \$116,260,240 | \$133,030,899 | \$189,984,450 | \$140,147,017 | \$144,484,946 | \$138,279,217 | (\$1,867,800) |
| By Program | FY 2023 Actual | FY 2024 Actual | FY 2024 Budget Revised | FY 2025 Budget | FY 2026 Agency Request | FY 2026 Governors Recommended | Change From FY2025 |
| Administration | \$16,123,174 | \$23,262,012 | \$41,772,632 | \$22,063,171 | \$24,156,808 | \$22,037,965 | (\$25,206) |
| Licensure & Accreditation | \$8,603,938 | \$13,647,025 | \$16,869,580 | \$14,098,672 | \$15,106,935 | \$14,045,049 | (\$53,623) |
| Family and Community Health | \$40,787,211 | \$61,271,109 | \$88,841,222 | \$67,534,142 | \$68,266,566 | \$67,741,566 | \$207,424 |
| Laboratory Services | \$8,016,953 | \$17,712,266 | \$19,297,786 | \$19,048,570 | \$19,379,946 | \$19,379,946 | \$331,376 |
| Correctional Health | \$26,980,252 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Tobacco Prevention | \$6,106,886 | \$5,539,795 | \$6,141,738 | \$6,154,546 | \$6,174,444 | \$3,674,444 | (\$2,480,102) |
| Epidemiology, Surveillance & Informatics | \$4,215,158 | \$4,131,405 | \$8,180,550 | \$4,377,834 | \$4,416,809 | \$4,416,809 | \$38,975 |

| By Program | FY 2023 Actual | FY 2024 Actual | FY 2024 Budget Revised | FY 2025 Budget | FY 2026 Agency Request | FY 2026 Governors Recommended | Change From FY2025 |
|--|----------------------|----------------------|------------------------|----------------------|------------------------|-------------------------------|----------------------|
| Board of Chiropractic Examiners - Info | \$118,286 | \$117,947 | \$152,323 | \$160,749 | \$160,749 | \$160,749 | \$0 |
| Board of Dentistry - Info | \$418,563 | \$508,870 | \$503,269 | \$506,544 | \$506,544 | \$506,544 | \$0 |
| Board of Hearing Aid Dispensers - Info | \$31,963 | \$38,351 | \$32,441 | \$46,703 | \$46,703 | \$46,703 | \$0 |
| Board of Funeral Service - Info | \$97,878 | \$86,839 | \$91,550 | \$114,036 | \$114,036 | \$114,036 | \$0 |
| Board of Med & Osteo Examiners - Info | \$1,917,780 | \$3,092,128 | \$3,696,463 | \$1,328,586 | \$1,359,586 | \$1,359,586 | \$31,000 |
| Board of Nursing - Info | \$1,373,161 | \$1,498,098 | \$1,968,452 | \$2,026,746 | \$2,096,606 | \$2,096,606 | \$69,860 |
| Board of Nursing Home Admin - Info | \$42,392 | \$43,872 | \$70,744 | \$71,601 | \$71,601 | \$71,601 | \$0 |
| Board of Optometry - Info | \$83,291 | \$90,220 | \$76,435 | \$78,737 | \$78,737 | \$78,737 | \$0 |
| Board of Pharmacy - Info | \$1,188,599 | \$1,683,850 | \$2,085,360 | \$2,130,925 | \$2,130,925 | \$2,130,925 | \$0 |
| Board of Podiatry Examiners - Info | \$23,804 | \$23,818 | \$22,239 | \$28,909 | \$30,905 | \$30,905 | \$1,996 |
| Board of Massage Therapy - Info | \$63,723 | \$77,883 | \$108,393 | \$128,763 | \$128,763 | \$128,763 | \$0 |
| Board of Speech-Language Pathology -Info | \$57,692 | \$58,224 | \$52,363 | \$75,784 | \$75,784 | \$75,784 | \$0 |
| Board of Certified Prof Midwives - Info | \$9,538 | \$11,094 | \$20,910 | \$21,999 | \$21,999 | \$21,999 | \$0 |
| Board of Physical Therapy - Info | \$0 | \$136,093 | \$0 | \$150,000 | \$160,500 | \$160,500 | \$10,500 |
| Total | \$116,260,240 | \$133,030,899 | \$189,984,450 | \$140,147,017 | \$144,484,946 | \$138,279,217 | (\$1,867,800) |
| By Object Expenditure Personnel Costs | FY 2023 Actual | FY 2024 Actual | FY 2024 Budget Revised | FY 2025 Budget | FY 2026 Agency Request | FY 2026 Governors Recommended | Change From FY2025 |
| | \$40,535,086 | \$33,853,931 | \$38,076,571 | \$40,608,115 | \$41,852,594 | \$41,323,041 | \$714,926 |
| Salaries | \$31,644,224 | \$26,337,783 | \$29,564,959 | \$31,722,844 | \$32,762,156 | \$32,322,227 | \$599,383 |
| Benefits | \$8,890,862 | \$7,516,148 | \$8,511,612 | \$8,885,271 | \$9,090,438 | \$9,000,814 | \$115,543 |
| Operating Expenditures | FY 2023 Actual | FY 2024 Actual | FY 2024 Budget Revised | FY 2025 Budget | FY 2026 Agency Request | FY 2026 Governors Recommended | Change From FY2025 |
| | \$75,725,154 | \$99,176,968 | \$151,208,975 | \$99,538,902 | \$102,632,352 | \$96,956,176 | (\$2,582,726) |
| Travel | \$1,139,795 | \$1,146,870 | \$1,878,089 | \$1,858,626 | \$1,955,772 | \$1,902,948 | \$44,322 |
| Contractual Services | \$40,324,768 | \$57,920,993 | \$124,419,826 | \$75,578,752 | \$78,517,420 | \$73,694,103 | (\$1,884,649) |
| Supplies | \$4,459,526 | \$4,470,407 | \$5,199,763 | \$4,960,214 | \$4,972,520 | \$4,967,955 | \$7,741 |
| Grants | \$27,898,560 | \$32,550,111 | \$17,096,350 | \$14,248,677 | \$14,278,213 | \$13,489,060 | (\$759,617) |
| Capital Outlay | \$1,902,330 | \$2,952,696 | \$2,614,447 | \$2,786,892 | \$2,802,686 | \$2,796,369 | \$9,477 |

| Operating Expenditures | FY 2023 Actual | FY 2024 Actual | FY 2024 Budget Revised | FY 2025 Budget | FY 2026 Agency Request | FY 2026 Governors Recommended | Change From FY2025 |
|---|----------------|----------------|------------------------|----------------|------------------------|-------------------------------|--------------------|
| Other Expenses and Budgeted Operating Transfers Out | \$175 | \$135,891 | \$500 | \$105,741 | \$105,741 | \$105,741 | \$0 |
| Total | \$116,260,240 | \$133,030,899 | \$189,285,546 | \$140,147,017 | \$144,484,946 | \$138,279,217 | (\$1,867,800) |
| Full-Time Equivalent (FTE) | 452.83 | 361.21 | 376.5 | 382.5 | 391.4 | 387.4 | 4.9 |

Funding Sources (Governor's Recommended)

| | General | Federal | Other | General% | Federal% | Other% |
|-----------------------------------|--------------|--------------|-----------|----------|----------|--------|
| STATE GENERAL FUND | \$11,408,524 | \$0 | \$0 | 77.6% | 0.0% | 0.0% |
| FEDERAL STIMULUS FUNDS (COVID-19) | \$0 | \$29,298,162 | \$0 | 0.0% | 29.9% | 0.0% |
| EPIDEMIOLOGY & LABORATORY CAPA | \$0 | \$1 | \$0 | 0.0% | 0.0% | 0.0% |
| INJURY PREVENTION AND CONTROL | \$0 | \$1,011,689 | \$0 | 0.0% | 1.0% | 0.0% |
| BIO TERRORISM | \$0 | \$10,153,937 | \$0 | 0.0% | 10.4% | 0.0% |
| EPIDEMIOLOGY & LABORATORY CAPA | \$0 | \$2,934,059 | \$0 | 0.0% | 3.0% | 0.0% |
| CANCER REGISTRY | \$0 | \$666,417 | \$0 | 0.0% | 0.7% | 0.0% |
| NO DESC (PRIOR) | \$0 | \$1,478,618 | \$0 | 0.0% | 1.5% | 0.0% |
| COMPREHENSIVE CANCER GRANT | \$0 | \$326,367 | \$0 | 0.0% | 0.3% | 0.0% |
| CDC COLORECTAL QUALITY IMPROVE | \$0 | \$437,999 | \$0 | 0.0% | 0.4% | 0.0% |
| NO DESC (PRIOR) | \$0 | \$400,269 | \$0 | 0.0% | 0.4% | 0.0% |
| TOBACCO PREVENTION & CONTROL | \$0 | \$1,778,620 | \$0 | 0.0% | 1.8% | 0.0% |
| OTHER FEDERAL GRANTS (DOH) | \$0 | \$3,048,538 | \$0 | 0.0% | 3.1% | 0.0% |
| NO DESC (PRIOR) | \$0 | \$791,899 | \$0 | 0.0% | 0.8% | 0.0% |
| CANCER SCREENING | \$0 | \$1,902,394 | \$0 | 0.0% | 1.9% | 0.0% |
| PREVENTIVE BLOCK | \$0 | \$347,027 | \$0 | 0.0% | 0.4% | 0.0% |
| MCH-PRIMARY CARE | \$1,020,889 | \$2,640,665 | \$179,819 | 6.9% | 2.7% | 0.7% |
| PRIMARY CARE | \$0 | \$1,705,437 | \$0 | 0.0% | 1.7% | 0.0% |
| STATE OFFICE OF RURAL HEALTH | \$0 | \$138,246 | \$0 | 0.0% | 0.1% | 0.0% |
| RURAL HOSPITAL FLEXIBILITY PRO | \$0 | \$438,590 | \$0 | 0.0% | 0.4% | 0.0% |
| INDIRECT COSTS | \$0 | \$3,675,013 | \$0 | 0.0% | 3.8% | 0.0% |
| IMMUNIZATION | \$0 | \$1,105,561 | \$0 | 0.0% | 1.1% | 0.0% |
| RYAN WHITE | \$0 | \$2,609,021 | \$0 | 0.0% | 2.7% | 0.0% |
| SEXUALLY TRANSMITTED DISEASES | \$0 | \$500,610 | \$0 | 0.0% | 0.5% | 0.0% |
| TB CONTROL/ELIMINATION | \$0 | \$516,459 | \$0 | 0.0% | 0.5% | 0.0% |
| HIV PREVENTION | \$0 | \$814,046 | \$0 | 0.0% | 0.8% | 0.0% |
| HIV SURVEILLANCE | \$0 | \$135,190 | \$0 | 0.0% | 0.1% | 0.0% |
| HOME VISITING PROGRAM | \$0 | \$3,001,531 | \$0 | 0.0% | 3.1% | 0.0% |
| TANF-TEMP. ASSISTANCE FOR NEED | \$0 | \$319,493 | \$0 | 0.0% | 0.3% | 0.0% |
| PREGNANCY RISK ASSESSMENT MONI | \$0 | \$175,000 | \$0 | 0.0% | 0.2% | 0.0% |
| MCH SYSTEMS | \$0 | \$375,651 | \$0 | 0.0% | 0.4% | 0.0% |
| TITLE X | \$0 | \$924,496 | \$0 | 0.0% | 0.9% | 0.0% |
| TITLE XVIII | \$0 | \$1,961,072 | \$0 | 0.0% | 2.0% | 0.0% |
| WOMEN, INFANTS & CHILDREN (WIC | \$0 | \$11,084,780 | \$0 | 0.0% | 11.3% | 0.0% |
| PERSONAL RESPONSIBILITY EDUCAT | \$0 | \$230,000 | \$0 | 0.0% | 0.2% | 0.0% |

| | General | Federal | Other | General% | Federal% | Other% |
|--------------------------------|-------------|-------------|-------------|----------|----------|--------|
| UNIVERSAL NEWBORN HEARING/CDC | \$0 | \$174,098 | \$0 | 0.0% | 0.2% | 0.0% |
| UNIVERSAL NEWBORN HEARING | \$0 | \$204,000 | \$0 | 0.0% | 0.2% | 0.0% |
| TITLE XIX-ADMINISTRATION | \$1,282,653 | \$2,344,711 | \$0 | 8.7% | 2.4% | 0.0% |
| BIOTERRORISM HOSPITAL PREPARED | \$0 | \$1,442,744 | \$0 | 0.0% | 1.5% | 0.0% |
| NO DESC (PRIOR) | \$0 | \$3,709,109 | \$0 | 0.0% | 3.8% | 0.0% |
| CLINICAL LABORATORY IMPROVEMEN | \$0 | \$330,216 | \$0 | 0.0% | 0.3% | 0.0% |
| SUBSTANCE ABUSE PREVENTION & T | \$0 | \$17,319 | \$0 | 0.0% | 0.0% | 0.0% |
| SEXUAL RISK AVOIDANCE | \$0 | \$135,156 | \$0 | 0.0% | 0.1% | 0.0% |
| PRESCRIPTION DRUG MONITORING P | \$0 | \$495,717 | \$0 | 0.0% | 0.5% | 0.0% |
| TITLE XIX-NURSING HOME CERTIFI | \$539,720 | \$1,619,159 | \$0 | 3.7% | 1.7% | 0.0% |
| TITLE XIX-PROVIDER | \$444,963 | \$473,054 | \$0 | 3.0% | 0.5% | 0.0% |
| HEALTH SYS DEVELOPMENT & REGUL | \$0 | \$0 | \$262,439 | 0.0% | 0.0% | 1.0% |
| MAMMOGRAPHY | \$0 | \$0 | \$145,942 | 0.0% | 0.0% | 0.6% |
| MEDICAL CANNABIS PROGRAM | \$0 | \$0 | \$2,054,519 | 0.0% | 0.0% | 8.0% |
| INDIRECT COSTS | \$0 | \$0 | \$2,496,600 | 0.0% | 0.0% | 9.7% |
| HELMSLEY TRUST | \$0 | \$0 | \$350,000 | 0.0% | 0.0% | 1.4% |
| HEALTH INFORMATION TECHNOLOGY | \$0 | \$0 | \$334,572 | 0.0% | 0.0% | 1.3% |
| REBATE | \$0 | \$0 | \$60,000 | 0.0% | 0.0% | 0.2% |
| HEALTH & MEDICAL SERVICES FEES | \$0 | \$0 | \$2,537,713 | 0.0% | 0.0% | 9.9% |
| RYAN WHITE | \$0 | \$0 | \$3,117,378 | 0.0% | 0.0% | 12.1% |
| OTHER NON-FEDERAL GRANTS (DOH) | \$0 | \$0 | \$165,016 | 0.0% | 0.0% | 0.6% |
| CANCER SCREENING | \$0 | \$0 | \$28,364 | 0.0% | 0.0% | 0.1% |
| TOBACCO PREVENTION & REDUCTION | \$0 | \$0 | \$2,131,433 | 0.0% | 0.0% | 8.3% |
| LABORATORY SERVICE FEES | \$0 | \$0 | \$5,241,840 | 0.0% | 0.0% | 20.4% |
| BOARDS-FEES, LIC. & PERMITS | \$0 | \$0 | \$2,614,596 | 0.0% | 0.0% | 10.2% |
| BOARD OF NURSING | \$0 | \$0 | \$2,096,606 | 0.0% | 0.0% | 8.2% |
| BOARD OF PHARMACY | \$0 | \$0 | \$1,635,208 | 0.0% | 0.0% | 6.4% |
| BD OF EXAMINERS FOR SPEECH-LAN | \$0 | \$0 | \$75,784 | 0.0% | 0.0% | 0.3% |
| BOARD OF CERTIFIED PROFESSIONA | \$0 | \$0 | \$21,999 | 0.0% | 0.0% | 0.1% |
| BOARD OF PHYSICAL THERAPY | \$0 | \$0 | \$160,500 | 0.0% | 0.0% | 0.6% |