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Dentistry, Board of

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mn.gov/boards/dentistry/

AT A GLANCE

- Regulates over 17,400 dentists, dental therapists, dental hygienists, and dental assistants
- Over 700 new licenses issued each year
- We investigate nearly 200 complaints each year
- Requirements for continuing education are set
- Conducts audits for compliance
- Maintains a registry of 150 dental laboratories
- Maintains a registry of dental professional firms
- Nationally and internationally recognized for innovation; including being the first state to license dental therapists and our licensing path for internationally trained dentists and specialists

PURPOSE

The mission of the Minnesota Board of Dentistry is to promote and protect public health and safety and ensure that every licensed dental professional practicing in the state meets the requirements for safe, competent, and ethical practice.

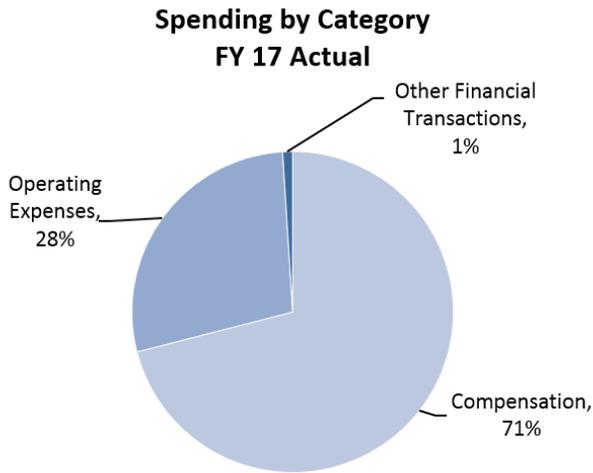
We accomplish our mission of public protection through:

- establishing initial licensure standards (education and examinations)
- continued competence (professional development) standards, and
- enforcing regulations and responding to complaints
- providing resources and education to students and licensees, and
- providing timely and relevant information to licensees via communication outlets

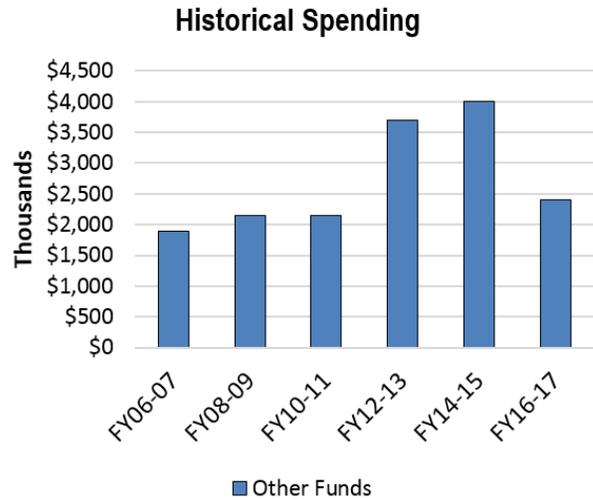
By establishing high standards for licensure and enforcing those standards, we contribute to the statewide outcomes to ensure:

- **All Minnesotans have optimal health**
- **All Minnesotans are receiving safe and quality dental care**
- **The agency provides efficient and accountable government services**

BUDGET



Source: Budget Planning & Analysis System (BPAS)



Source: Consolidated Fund Statement

The Board is funded by licensure fees and receives no general fund dollars. Minnesota Statutes section 214.06, subdivision 1(a) compels the Board to collect fees in the amount sufficient to cover direct and indirect expenditures. Funds are deposited as non-dedicated revenue into the state government special revenue fund. From this fund, the Board receives a direct appropriation to pay for agency expenses such as salaries, rent, equipment, professional technical experts, inspection processes, and other operating expenditures. It also pays statewide indirect costs through an open appropriation.

In addition to Board operations, licensure fees fund activities that support multiple boards and/or other agencies. Some of these are: the Administrative Services Unit (inter-board); Health Professionals Services Program (inter-board); the HIV, HBV, and HCV Prevention Program (Department of Health); Prescription Monitoring Program (Pharmacy Board); Office of the Attorney General for legal services; Criminal Background Check Program (inter-board); and the Voluntary Healthcare Provider Program (inter-board).

STRATEGIES

The Board accomplishes its mission through services that include: establishing the educational, examination and other qualification standards for initial licensure as dentists, dental hygienists, dental therapists, and dental assistants; determining requirements for license renewal, such as professional development (continuing education); accepting, investigating, and resolving complaints regarding licensed dental professionals and unlicensed practice; infection control and anesthesia inspections; tracking compliance of licensees who are under corrective or disciplinary action of the Board; registering professional firms; disseminating public information; and engaging in policy initiatives to ensure that statutes and rules regulating dental professions remain relevant.

The Board achieves its mission by continuous learning and engagement with dental professionals, dental students, and dental professional educational institutions. The Board strives to address complaints in a timely and efficient manner. The Board continues to look for new methods of communication to engage the public in what we do and how we work to ensure safe dental care is provided to the citizens of Minnesota. The Board has implemented an engagement plan to engage the public and professionals. The Board maintain consistency, integrity, and understanding of our licensing process by providing transparency in our requirements for education and consistency in the application and criminal background check processes. These support the process of candidate integrity during licensing and furthers our mission to protect the public by ensuring that Minnesota citizens receive quality dental health care from competent dental health care professionals. We are working with information technology to improve the quality and quantity measures for licensing and the complaint/ compliance

process. We are reducing the length of time spent for complaint resolution. We work with all our testing agencies to ensure the integrity of the dental and allied dental professional licensure process. We have been able to lower our costs per licensee by employing paperless renewal methods, electronic notifications and reduce postage costs. We continue to look for methods to streamline operations. We have primarily gone paperless to reduce costs and aid in efficiency.

RESULTS

The Board continues to stay current on expectations, opportunities and standards for regulating dental professionals. We have become more effective and efficient in the manner in which we process complaints. We have improved our licensing procedures while maintaining high standards and keeping operating costs low.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Number of Dental Therapy Licenses* Total Number of Advanced Dental Therapy Certifications Issued*	N/A	91 48	FY2016- FY2018
Quality	Board cost per licensee (measure of efficiency)	\$ 61.40	\$58.95	FY2018
Quantity & Quality	Complaints Remaining Open at the End of the Fiscal Year Age of Complaints < 1 year Age of complaints >1 year	103 82 21	45 44 1	FY2017

*Dental Therapy is a newer dental profession, with the first licensure beginning in 2011 and the first eligible DT to receive Advanced Dental Therapy Certification was in 2013. The Board prepares questions, constructs tests, and hosts the ADT Certification examination.

Minnesota Statutes Chapter 214 (enabling statute) <https://www.revisor.mn.gov/statutes/?id=214>
 Minnesota Statutes Chapter 150A (Dental Practice Act) <https://www.revisor.mn.gov/statutes/?id=150A>

(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20 FY21		Governor's Recommendation FY20 FY21	
<u>Expenditures by Fund</u>								
1201 - Health Related Boards	1,145	1,202	1,180	1,704	1,460	1,460	1,518	1,465
2000 - Restrict Misc Special Revenue	28	25	25	37	35	35	35	35
Total	1,173	1,227	1,205	1,741	1,495	1,495	1,553	1,500
Biennial Change				545		44		107
Biennial % Change				23		1		4
Governor's Change from Base								63
Governor's % Change from Base								2

Expenditures by Program

Dentistry Board	1,173	1,227	1,205	1,741	1,495	1,495	1,553	1,500
Total	1,173	1,227	1,205	1,741	1,495	1,495	1,553	1,500

Expenditures by Category

Compensation	811	871	871	885	943	951	943	951
Operating Expenses	362	344	329	848	552	544	610	549
Other Financial Transaction	1	12	5	8				
Total	1,173	1,227	1,205	1,741	1,495	1,495	1,553	1,500

Full-Time Equivalents

	9.33	9.85	9.78	10.20	10.20	10.20	10.20	10.20
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(Dollars in Thousands)

	Actual FY16	Actual FY17	Actual FY18	Estimate FY19	Forecast Base FY20 FY21		Governor's Recommendation FY20 FY21	
1201 - Health Related Boards								
Balance Forward In		262		248				
Direct Appropriation	1,328	1,328	1,415	1,443	1,445	1,445	1,503	1,450
Open Appropriation	14	14	9	13	15	15	15	15
Transfers In	14	14	18					
Transfers Out			14					
Cancellations		416						
Balance Forward Out	211		248					
Expenditures	1,145	1,202	1,180	1,704	1,460	1,460	1,518	1,465
Biennial Change in Expenditures				536		36		99
Biennial % Change in Expenditures				23		1		3
Governor's Change from Base								63
Governor's % Change from Base								2
Full-Time Equivalent	9.33	9.85	9.78	10.20	10.20	10.20	10.20	10.20

2000 - Restrict Misc Special Revenue

Balance Forward In	1	1	1	2				
Receipts	28	25	27	35	35	35	35	35
Balance Forward Out	1	1	2					
Expenditures	28	25	25	37	35	35	35	35
Biennial Change in Expenditures				10		8		8
Biennial % Change in Expenditures				18		12		12
Governor's Change from Base								0
Governor's % Change from Base								0

(Dollars in Thousands)

	FY19	FY20	FY21	Biennium 2020-21
Direct				
Fund: 1201 - Health Related Boards				
FY2019 Appropriations	1,443	1,443	1,443	2,886
Base Adjustments				
Pension Allocation		2	2	4
Forecast Base	1,443	1,445	1,445	2,890
Change Items				
New Licensing Management Database System		50		50
New Emeritus License Fee		8	5	13
Total Governor's Recommendations	1,443	1,503	1,450	2,953
Open				
Fund: 1201 - Health Related Boards				
FY2019 Appropriations	13	13	13	26
Base Adjustments				
Forecast Open Appropriation Adjustment		2	2	4
Forecast Base	13	15	15	30
Total Governor's Recommendations	13	15	15	30
Dedicated				
Fund: 2000 - Restrict Misc Special Revenue				
Planned Spending	37	35	35	70
Forecast Base	37	35	35	70
Total Governor's Recommendations	37	35	35	70
Revenue Change Summary				
Dedicated				
Fund: 2000 - Restrict Misc Special Revenue				
Forecast Revenues	35	35	35	70
Total Governor's Recommendations	35	35	35	70
Non-Dedicated				
Fund: 1201 - Health Related Boards				
Forecast Revenues	1,858	1,879	1,876	3,755
Change Items				
New Emeritus License Fee		12	12	24
Total Governor's Recommendations	1,858	1,891	1,888	3,779

Dentistry, Board of

FY 2020-21 Biennial Budget Change Item

Change Item Title: New Licensing Management Database System

Fiscal Impact (\$000s)	FY 2020	FY 2021	FY 2022	FY 2023
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Other Funds				
Expenditures	50	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	50	0	0	0
FTEs	0	0	0	0

Recommendation:

The Governor recommends \$50,000 as a one-time increase in FY2020 in order to deploy a new licensing management database system for our agency.

Rationale/Background:

The current licensing management system does not meet ongoing needs for tracking, license management, complaint management, and professional development management. A new system would allow for ease of use, report capabilities, and certain query functions for which the current system does not allow. Currently we are not tracking the time from initial license receipt to the issue date in our database. This is an important measure and we would like to track these metrics going forward. The current system does not allow for efficiencies such as various accurate tracking measures that can drive operational decision-making.

Proposal:

The Board would use the additional appropriation toward a new database in FY2020. This is a new initiative and would not involve the current database, except for the conversion of data from the current product to another. An improved database supports our plan to increase our current level of service by processing applications more efficiently and providing more user-friendly, accurate aggregate data and reports to the public, including outside stakeholder entities. The increase in administrative and programmatic capacity will create increased efficiency in the processing response time for initial applications. A new database would support tracking of the various application stages, such as the criminal background check process, and other requirements for initial licensure. It will also allow us to better organize single source data such as testing results and academic information. The new database will also focus on more accurate and efficient tracking of the complaint and discipline process. This includes compliance tracking for licenses under corrective action or discipline. Database improvements will further reduce any manual process and align with our strategic goal of a paperless environment. A paperless environment helps us reduce costs per licensee by reducing administrative time and postage costs.

In general, the process from conversion to implementation is a minimum of 6 months. The plan would be to begin planning in July 2019 and proceed to begin conversion in January 2020. We have the funding to support ongoing maintenance and support for a new system, as we are currently supporting an annual contract for support for our database software.

Equity and Inclusion:

The Board does not discriminate on the basis of race, ethnicity, gender, sexual orientation, or disability. The positive impact of this change will be to continue to provide services for all people of the State of Minnesota without discrimination.

IT Related Proposals:

<i>Category</i>	<i>FY 2020</i>	<i>FY 2021</i>	<i>FY 2022</i>	<i>FY 2023</i>	<i>FY 2024</i>	<i>FY 2025</i>
Payroll						
Professional/Technical Contracts	\$50,000					
Infrastructure						
Hardware						
Software						
Training						
Enterprise Services						
Staff costs (MN.IT or agency)						
Total	\$50,000					
MN.IT FTEs						
Agency FTEs						

Results:

Time to initial license issue will be a good indicator of efficiency in the license management once we can deploy a new system. Another indicator is time to complaint resolution and timing of the various steps involved in the complaint process. The cost per licensee measure may decrease with the deployment of a new system, as the cost range that we are seeking is less than our current system. We will focus on continued improvement on our current performance measures:

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Number of Dental Therapy Licenses*	N/A	91	FY2018
	Total Number of Advanced Dental Therapy Certifications Issued*		48	
Quality	Board cost per licensee (measure of efficiency)	\$61.40	\$58.95	FY2017- FY2018
Quantity & Quality	Complaints Remaining Open at the End of the Fiscal Year	103	45	FY2016- FY2017
	Age of Complaints < 1 year	82	44	
	Age of complaints >1 year	21	1	

Statutory Change(s):

N/A

Dentistry, Board of

FY 2020-21 Biennial Budget Change Item

Change Item Title: New Emeritus Licensing Fee

Fiscal Impact (\$000s)	FY 2020	FY 2021	FY 2022	FY 2023
General Fund				
Expenditures				
Revenues				
Other Funds				
Expenditures	8	5	5	5
Revenues	12	12	12	12
Net Fiscal Impact = (Expenditures – Revenues)	4	7	7	7
FTEs	0	0	0	0

Recommendation:

The Governor recommends adding an Emeritus Inactive and Active License option for all licensed dental professionals. This includes dentists, dental therapists, dental hygienists, and dental assistants licensed in the state of Minnesota.

Rationale/Background:

Many other licensing agencies issue Emeritus (inactive) licensure. This license type is not a license to practice, rather it represents the ending of a licensee’s clinical (licensed activities) career in good standing. This will allow many licensees that would otherwise voluntarily terminate their license to pay a one-time fee of \$50.00 and be considered for Emeritus licensure. The licensee cannot be under disciplinary action. There would not be an ongoing cost for this licensure.

The Emeritus active license would be a license to practice in a limited capacity and allow individuals that want to retire from dentistry the opportunity to consult with programs and educational institutions, provide pro-bono care and supervise other allied dental professionals, whether in collaborative settings or in limited practice settings. There would be an ongoing fee for this licensure but it is reduced by half compared to traditional license renewals.

Proposal:

This is a new program and the graph below represents revenue estimates for the new license types. The Board estimates an initial fee of \$5,000 to perform a database project for initial processing and renewals for the new license types. The Board estimates \$3,000 for printing the license certificates in FY20. The Board estimates \$5,000 each year thereafter for certificate printing in FY21 and FY22.

Description	Current Fee	Fee Amount	Number Paying	FY 2020 Revenue Estimate	FY 2021 Revenue Estimate
Emeritus Inactive License Fee (All licensees)	\$0	\$50 – lifetime – one time	70	\$3,500.00	\$3,500.00
Emeritus Active License Fee – Dentistry	\$0	\$212	25	\$5,300.00	\$5,300.00
Emeritus Active License Fee – Dental Hygiene	\$0	\$75	30	\$2,250.00	\$2,250.00

Description	Current Fee	Fee Amount	Number Paying	FY 2020 Revenue Estimate	FY 2021 Revenue Estimate
Emeritus Active License Fee – Dental Assisting	\$0	\$55	20	\$1,100.00	\$1,100.00
		Totals	145	\$12,150.00	\$12,150.00

Equity and Inclusion:

The Board does not discriminate on the basis of race, ethnicity, gender, sexual orientation, or disability. The positive impact of this change will be to provide services for all people of the State of Minnesota without discrimination. The nature of the impact would be in relation to keeping more individuals in the workforce, even in a limited capacity, to increase access to patients, specifically underserved individuals that receive pro-bono, volunteer dental services. This can reduce dental disease disparities for the patients served. The proposed changes will not create a large amount of income, but the license fees attached to each will support the sustainability and ongoing administration of processing and issuing the license certificates.

Results:

This is a new initiative and there are no current performance measures in this area. The current amount of voluntary license terminations per year is around 200-250. The goal of this new initiative is to encourage licensees to obtain an emeritus active or inactive license in lieu of voluntarily terminating their license. This could allow individuals to remain in a limited active capacity even after they retire from the primary practice or setting in which they practiced their profession. This could show a positive impact on access.

Statutory Change(s):

Proposing coding for new law in Minnesota Statutes, section 150A.06, subdivision 10 is created to read:

Subd.10 Emeritus Inactive License.

Any dental professional duly licensed to practice dentistry, dental therapy, dental hygiene or dental assisting, pursuant to Minnesota Statute 150A.05 and Minnesota Administrative Rules 3100.8500, who declares retirement from active practice in the state, may apply to the Board for emeritus licensure. Licensee may indicate their request on biennial licensing form or by petitioning the Board. Licensee cannot be the subject of current disciplinary action resulting in suspension, revocation, disqualification, condition or restriction of the licensee to practice dentistry, dental therapy, dental hygiene, or dental assisting. Emeritus license is not a license to practice, but a formal recognition of completion of an individual’s dental career in good standing. A one- time fee will apply.

Section 3. Proposing coding for new law in Minnesota Statutes, section 150A.06, subdivision 11 is created to read:

Subd.11 Emeritus Active License.

Requirements

Effective July 1, 2018 you may apply for an emeritus active license if you are "retired" from dentistry, dental therapy, dental hygiene or dental assisting practice and are in compliance with

Board requirements. This license limits the type of practice in which you may engage, and is a two-year renewable license requiring renewal fee and required CE hours at time of renewal.

Limited Authorized Practice

The emeritus active license provides the opportunity for retired licensed dental professionals to engage in limited practice **including only:**

- Pro bono or volunteer dental practice; or

- Paid practice not to exceed 240 hours per calendar year for the exclusive purpose to provide licensing supervision to meet the Boards requirements; or
- Paid consulting services not to exceed 240 hours per calendar year.

While on emeritus active license, you must present yourself as only authorized to engage in practice as described above. The Board may take disciplinary or corrective action against your license based on violations of applicable law or regulations of the Board. The Board may grant a variance to the requirements if a licensee on emeritus active license provides emergency dental services. A variance is granted only if the Board grants the variance in writing to the licensee. The Board may impose conditions or restrictions on the variance.

Application Process and Fee

You may apply for an emeritus active license, as an alternative to applying for the renewal of a license or at any time, by completing the required application form.

Renewal

The emeritus active license must be renewed every two years on your regularly scheduled renewal date. If not renewed, the license will expire. To renew an emeritus active license, you must:

- Complete the application form required by the board
- Pay the required renewal fee
- Report 25 CE hours, including:
 - 2 Required CORE areas
 - Mandatory Infection Control
- Complete at least 15 Fundamental Credits for dentists and dental therapists, At least 7 fundamental credits for dental hygiene and dental assisting.
- No More than 10 Elective Credits for dentists and dental therapists. No more than 6 Elective credits for dental hygiene and dental assisting applicants.

Section 4. Proposing coding for new law in Minnesota Statutes, section 150A.091, subdivision 19 and 20 are created to read:

Subd.19. Emeritus inactive licensure for dentist, dental therapist, dental hygienist or dental assistant will require a one-time fee of \$50 to be submitted to the Board of Dentistry. There are no renewal fees associated with Emeritus inactive license.

Subd.20. Emeritus active licensure for dentist, dental therapist, dental hygienist or dental assistant will require a fee to be submitted to the Board of Dentistry every two years, upon renewal. Renewal fees under this subdivision are as follows: Dentist \$212, dental therapy \$100, dental hygiene \$75, and dental assisting \$55.