

M I N N E S O T A

Board of Dentistry - Updates

"To ensure that Minnesota citizens receive quality dental health care from competent dental health care professionals"

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COMMUNICATE. DOCUMENT. DISINFECT.

The Board of Dentistry's duty is to protect the citizens of Minnesota. Our Board appreciates that dental professionals in Minnesota strive to provide excellent care, and is committed to support practitioners in accomplishing that goal. The Board has two committees which address complaints and disciplinary concerns. The following information derived from our Complaint Committees may be helpful to be aware of to assist you in your practices.

The issue that makes up the overwhelming majority of complaints brought to the Board involves miscommunication. Communication that is incomplete, insensitive, or conflicting often leads to misunderstandings and unmet expectations. The Committees also review complaints about dental professionals treating patients in a disparaging manner due to the individual's financial circumstances or reliance on Medical Assistance. More careful approaches to communicating with patients and family members will significantly reduce the frustrations of patients.

When Complaint Committee members review complaints, two additional areas of concern are often

identified, and considered with the original complaints:

1. Inadequate documentation—Thorough records are essential to quality patient care, and are a critical factor for the Board's determination of what was planned and performed on the patient. Dental offices should review Rule 3100.9600 for record keeping compliance standards.
2. Inadequate infection control—Understanding and practicing proper infection control measures is paramount for the public's safety. Dental facilities should regularly review their written protocols for infection control. Office protocol should comply with the Centers for Disease Control's 1993 guidelines and MN Rule 3100.6300.

You may find it worthwhile to review your office operations for clear and respectful communication, full documentation of patient care, and compliance with infection control guidelines. It is better to review your office protocols regularly rather than after a complaint has been filed. Refer to the internet links provided in this newsletter, or check with our staff (612-617-2250) for written information.

WEB LINKS

You may find the following web sites of interest...

www.cdc.gov/ncc/dphp/oh The CDC's Oral Health Program: surveying and monitoring oral health status, promoting the safe delivery of dental care, and providing leadership and advocacy.

www.cdc.gov/ncc/dphp/oh/ic-home.htm CDC'S guidelines on infection control in dentistry

www.hrsa.gov/oralhealth/index.htm HRSA Oral Health Initiative

www.surgeongeneral.gov/library/oralhealth Surgeon General's report

www.dhs.state.mn.us/HlthCare/PDF/2001DentalAccessreport.pdf 2001 Minnesota Dental Access report

www.mchoralhealth.org National Maternal & Child Oral Health Resource Center

www.crds.org Central Regional Testing Service

www.wreb.org Western Regional Examining Board

DOMESTIC VIOLENCE AND DENTISTRY

"Domestic violence, historically considered a private problem between the victim and the batterer, recently has been recognized as one of our nation's most serious public health issues," according to an article in the January issue of JADA. The authors argue that efforts must be made to improve the responses of dental professionals to women who are victims of domestic violence.

The researchers found that 94 percent of domestic violence victims had head and/or neck injuries. These types of traumas, therefore, could be "markers" for domestic violence. Given that oral health care professionals routinely assess patients' heads and necks, they have the opportunity to recognize that a woman is being abused and to intervene.

The authors suggest utilizing the AVDR model in dealing with potential abuse victims. AVDR limits the providers' tasks to the following four areas: **Ask** patients about abuse; provide **Validating** messages acknowledging that battering is wrong and confirming the patient's worth; **Document** presenting signs, symptoms and disclosures in writing and with photographs; and **Refer** victims to domestic violence specialists in the community.

Seize the opportunity to make a difference in patients' lives.

Love C and colleagues. Dentists' attitudes and behaviors regarding domestic violence. JADA 2001, 132(1): 85-93. Copyright (c) 2001 American Dental Association. Portions reprinted by permission of ADA Publishing, a Division of ADA Business Enterprises, Inc.

DISCIPLINARY ACTION

Charles Cullen, DDS
Order for Summary Suspension & Notice of Conference
Minneapolis, MN
01/26/2001

Richard R Nyman, DDS
Order for Conditional & Limited License
Forest Lake, MN
01/12/2001

Raynard Nyberg, Jr, DDS
Order for Voluntary Surrender
Fridley, MN
10/27/2000

Eugene Scherling, DDS
Order for Voluntary Surrender
St. Louis Park
06/08/01

John M Williams, DDS
Order for Unconditional License
Minneapolis, MN
01/12/2001

Susan L Wright, RDA
Order for Conditional Registration
Andover, MN
01/12/2001

Definition of Terms:

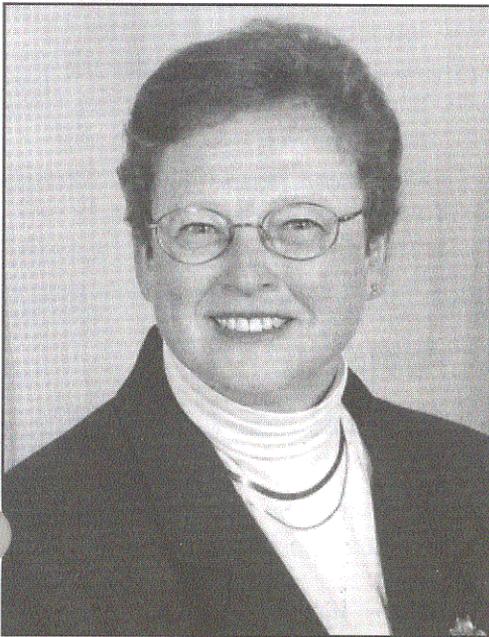
Conditional License—licensee may continue to practice but must meet specific conditions in the Order

Limited License—licensee may continue to practice but may not perform certain procedures specified in the Order
Suspended License—licensee may not practice for a specified length of time or until certain conditions are met

Unconditional license/registration—all terms of the Order have been met, the individual's license /registration is fully restored, and s/he may practice without special conditions or restrictions.

INTRODUCING NEW BOARD MEMBERS

Nadene Bunge, DH, BS, MA was appointed by Governor Ventura to a term on the Board expiring in 2005. Ms. Bunge received a BS and dental hygiene training at the University of Iowa, and earned an MA in Health and Human Services Administration from St. Mary's University in Minnesota.



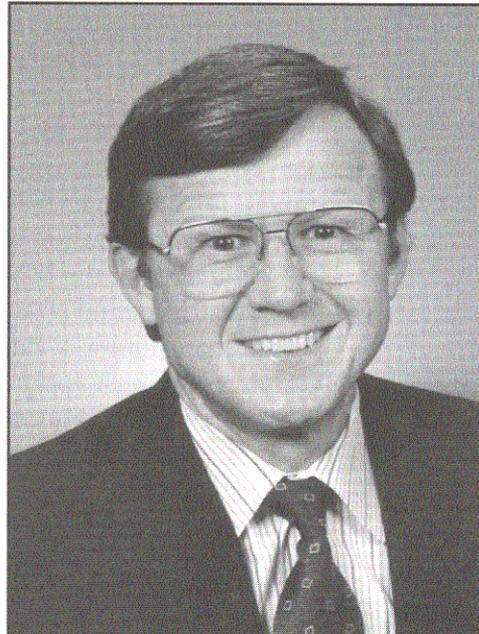
Nadene Bunge

Ms. Bunge has worked in a hospital setting, private practice, and has taught dental hygiene. Currently, she is employed by the Mayo Clinic as a Periodontal Dental Hygienist. Ms. Bunge has held several leadership positions within the Minnesota Dental Hygiene Association, most recently as the MDHA-appointed Consultant representative to the Board, a Trustee for the Southeast Component, and serving on the Governmental Affairs Committee.

Ms. Bunge is also involved in community activities, including the Salvation Army Medical and Emergency Dental Clinic.

Lewis Pierce, DDS, MS, was appointed by Governor Ventura in January to a 2-year term. He earned his BS from Minnesota State University, Mankato, in 1959, and taught high school chemistry for two years before entering the University of Minnesota School of Dentistry. After graduating in 1965, he spent two years in the United States Air Force before beginning his general dentistry practice in St. Paul. During the period of time from 1967-

1985, Dr. Pierce also provided dental consulting services in many countries, including Zambia, Kenya, Egypt, India, Australia, and Singapore. He decided during this time that dental missionary work would play a significant role in his life. He consequently sold his practice and returned to the University of Minnesota to earn a Master of Science degree in Prosthodontics.



Lewis Pierce

In 1988, Dr. Pierce was hired by Project HOPE, an international health care organization, to be their Program Director in Lisbon, Portugal. While in Lisbon, his responsibilities included teaching and rewriting a dental laboratory technology curriculum. From 1989-1991, he served as Program Director in the People's Republic of China, managing 20 health care programs in five Chinese universities. He returned to the United States in 1991, and worked at Project HOPE headquarters in Millwood, Virginia, until returning to Minnesota in 1993.

Lewis Pierce limits his practice to prosthodontics, and practices 4 days per week in Duluth. His wife, Virginia, is a Senior Management Consultant in the Minnesota Department of Administration. They have three children and seven grandchildren. Dr. Pierce enjoys family gatherings, traveling, golfing and hiking. He and Virginia continue to do short term dental missionary work in developing countries.

N₂O REMINDER

Licensees registered to administer N₂O must be current in CPR.

WREB and CRDTS Now Accepted for Clinical Exam Requirements

The Board has determined that it will now accept the clinical examinations administered by both the Central Regional Dental Testing Service (CRDTS) and the Western Regional Examining Board (WREB) for dentists and dental hygienists seeking licensure in Minnesota. The Board will accept WREB results from tests taken on or after January 1, 2001. CRDTS results are accepted by the Minnesota Board of Dentistry for five years from the examination pass date.

ARE YOU PLANNING ON HIRING NEW GRADUATES THIS SUMMER?

Dentists and dental hygienists can begin treating patients only after a license number has been issued from the Minnesota Board of Dentistry. Individuals who have received notice of passing their clinical exams cannot practice until they have applied for and been issued a license number.

Registered dental assistants can begin performing the Minnesota Expanded Functions (including radiology duties) only after a registration number has been issued from the Minnesota Board of Dentistry. Dental assistants who have passed the Minnesota Registration Examination must apply for and have been issued a registration number to perform these duties.

The Board will process all complete licensure and registration applications within three to six working days after they are received.

CONTINUING EDUCATION REPORT

REMINDER: The Board implemented a policy on July 1, 2000 that it will no longer record CE credits earned in excess of a licensee's/registrant's minimum requirement for licensure (75 for dentists, 40 for hygienists and 25 for registered dental assistants). When the Board receives CE cards beyond this requirement, we are no longer recording or retaining them. Therefore, the Board strongly recommends that you maintain a personal CE portfolio and keep all original course descriptions.

When submitting courses toward licensure presented by a Board approved sponsor, you may simply submit your CE card to the sponsor. If you attend a course presented by a non-Board approved sponsor, you are responsible for individually submitting your CDE card(s) with a photocopy of the verification of attendance to the Minnesota Board of Dentistry.

Also check the Board's web site (www.dentalboard.state.mn.us) for CE criteria as not all courses qualify for credit. If you hold multiple licenses (i.e., DDS, DH, or RDA), you should still only submit one CDE card per course. You are also welcome to call the Board for clarification. You can reach Joyce at 612-617-2252.

ADVERSE REACTION FORMS

Please review the Adverse Reaction Form on the opposite page.

This form must be submitted to the Board for any case involving any incident that arises from the administration of nitrous oxide inhalation analgesia or of a pharmacological agent for the purpose of general anesthesia, conscious sedation, local anesthesia, analgesia, or anxiolysis that results in a serious or unusual outcome that produces a temporary or permanent physiological injury, harm, or other detrimental effect to one or more of a patient's body systems.

This form must be submitted to the Board within 10 days of the incident (Minn. Rule 3100.3600, subp. 8).

Please feel free to photocopy the form as needed.



MINNESOTA BOARD OF DENTISTRY

University Park Plaza, 2829 University Avenue SE, Suite 450
Minneapolis, MN 55414-3249 www.dentalboard.state.mn.us
Phone 612.617.2250 Fax 612.617.2260
MN Relay Service for Hearing Impaired 800.627.3529

ADVERSE REACTION REPORT

Minnesota Rules 3100.3600 require that you file this report for any incident that arises from the administration of nitrous oxide inhalation analgesia or of a pharmacological agent for the purpose of general anesthesia, conscious sedation, local anesthesia, analgesia, or anxiolysis that results in a serious or unusual outcome that produces a temporary or permanent physiological injury, harm, or other detrimental effect to one or more of a patient's body system(s). (It is **NOT** necessary to report incidents such as nausea, a single episode of emesis, or mild allergic reaction).

LICENSEE INFORMATION

Name (please print): _____ License Number: _____

Address: _____

City: _____ State: _____ Zip: _____

I. REACTION INFORMATION						
PATIENT ID/INITIALS (In Confidence)	AGE (YRS)	SEX	REACTION ONSET			CHECK ALL APPROPRIATE:
			MO	DA	YR	
DESCRIBE REACTION(S)			<input type="checkbox"/> PATIENT DIED <input type="checkbox"/> REACTION TREATED WITH RX DRUG <input type="checkbox"/> RESULTED IN TREATMENT BY PHYSICIAN AND/OR HOSPITALIZATION <input type="checkbox"/> RESULTED IN PERMANENT DISABILITY <input type="checkbox"/> NONE OF THE ABOVE			
RELEVANT TESTS/LABORATORY DATA						

II. SUSPECT DRUG(S) INFORMATION			
SUSPECT DRUG(S) (Indicate manufacturer and lot # for vaccines/biologics)		DID REACTION ABATE AFTER STOPPING DRUG?	
DOES	ROUTE OF ADMINISTRATION	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
INDICATION(S) FOR USE		DID REACTION REAPPEAR AFTER REINTRODUCTION?	
DATES OF ADMINISTRATION (From/To)	DURATION OF ADMINISTRATION	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	

III. CONCOMITANT DRUGS AND HISTORY	
CONCOMITANT DRUGS AND DATES OF ADMINISTRATION (Exclude those used to treat reaction)	
OTHER RELEVANT HISTORY (e.g., diagnoses, allergies, pregnancy with LMP, etc)	

IV. SIGNATURE	
SIGNED: _____	DATE: _____

NOTICE OF TERMINATED LICENSES AND REGISTRATIONS

The following licenses and registrations were terminated on April 1, 2001, for failure to pay the annual renewal fee (perhaps because of retirement or a career change) or failure to meet the five-year continuing education requirement. The Board has notified these people of their status. The Board publishes this list to notify other licensees, registrants, and the public that these people are not eligible to practice dentistry, dental hygiene, or registered dental assisting in Minnesota until their license or registration is reinstated. (Because of the time lapse between termination and the publication of his newsletter, some individuals listed here may have already had their license or registration reinstated, in which case they are practicing legally). Note that according to Minn. Rule 3100.1700, subp. 3b, "the expiration and termination will not be considered disciplinary action against the licensee or registrant."

Please notify the Board if you feel that a name needs clarification or if you believe that any of those listed are practicing dentistry, dental hygiene, or registered dental assisting in Minnesota.

Licensees/Registrants Terminated as of 4/1/01

Registered Dental Assistants

Debra Ann Adams
Joni Kay Akkerman
Caroline Alonzi
Cherub Camille Amundson
Grace Anne Amundson
Robin Rose Anderson
Toni Lavay Blake Augst
Monica Ann Bassett
Brenda Rae Benning
Sally Mae Bentson
AnnMarie Berg
Deborah Anne Bestler
Dorothy Lynn Bleckeberg
Margaret M Borman
Kathy Hide Burton
Marti Sue Calder
Pamela Rae Cardenas
Susan Elizabeth Carlson
Candace Kay Carr
Doris Irene Champlin
Phonethip Tia Chanthamontry
Maxine Marie Christenson
Rhonda Jean Christianson
Christine Adel Cortez

Martea Christine Cummings
Beth Louise Dalum
Shabneez Sadiq Dato
Teri Lee Delich
Melissa Louise Delk
Angela Beth DeMars
Darlene June Dill
Barbara J Easley
Gayle Sue Ennenga
Michelle Marie Eue
Rebecca Jean Frey
Mary Jo Gabbert
Terri-Lynn Gardner
Monica Mary Garlow
Karen Renee Gessell
Joyce Jeanette Godwin
Leslie A Goodman
Doris Helen Guck
Jodie Lynn Hagen
Connie Marie Hall
Colleen Fay Hangsleben
Paula Renee Hanley
Lynn Ellen Harris
DeLynn Joy Hegre
Rebecca Ann Hlebain
Amy Ann Hoeschen
Keri Sue Hostettler
Angela Lynn Inwards
Melissa Anne Iorio
Julie Kay Jensen-Romanoski
Cynthia Dianne Johnson
Jenny Sue Johnson
Susan Kay Johnson
Debra Lyn Johnston
Jessica Lee Jorgensen
Kari Lynn Kanne
Charlee Gayle Kimmes
Dahrys Marlene Knetter
Susan Elizabeth Kohlhepp
Patricia Marie Koskela
Rose Marie Kotten
Krystal Lynn Kruse
Kristen Elizabeth Kuivanen
Jessica Beth Lange
Mary Elizabeth Leathers
Sara Jolene Linkert
Doreen Marie Lipinski
Kelly Renee Livingston
Becky Lee Luedke
Jolayne Catherine Lugo
Margaret Ann Lull
Cynthia Ann Lunak
Bonita Lee Lynch
Barbara Kay Lyrenmann-Smith
Nichole Marie Maguire
Vicki Marie Mallan
Lora Jean Marks
Kymm Marie Martin
Rebecca Lynn Marx
Randa Rae Mattila
Patricia Ann May
Ann Elizabeth Miller
Kathleen K Murphy

JoAnne Joy Murray
Deanna Lynn Nelson
Rebecca Jean Ofstad
Beverly Kay Olejnicak
Candace Kaye Olomon
Jennifer Ann Olson
Julie Ann Olson
Gina Marie O'Neill
Myrnae Schroeder Ostermann
Joy Elizabeth Peno
Barbara Jean Peterson
Lauri Ann Porter
Julianne Marie Quandt
Angela Lee Reichert
Jane Marie Rider
Ramona Jean Robinson
Lori Michele Rogosheske
Jacqueline Gruhl Santa
Cecily Anne Schmidt
Jennifer Marie Schreier
Andrea Mary Setsvold
Patricia Ann Sharp
Kathleen Mary Shearn
Stephanie Lauren Sherritt
Carol Sue Shew
Amy Karin Somero
Jill Dorothy Spangenberg
Sarah L Spencer
Heather Lynn Stoehr
Edith Stone
Charity Sue Storlie
Rhonda Lynn Struck
Beth A Tabor
Tiffany Christian Talbert
Aletta D Tapp
Pamela Jean Thibado
Marguerite Mary Truman
Julie Ann Tucci
Judith Marie Wacker
Carol Ann Wallin
Katie Anne Wangen
Sarah Beth Washek
Melissa Kay Westerhaus
Laura Ann Wilbur
Kathleen Mary Wittenberg
Joyce Ann Ziegler

Dentists

Doreen Lee Anderson
William J Birkholz
Bret William Claybaugh
Jeannie Marie Collins
Randa K Degerness
John Hayden Duffy
Mohan M Enjati
Roy John Enquist
Michael Alvin Fuchs
Kip Byron Jentoft
Elwood Winfield Johnson Jr
Roland Raymond Kotowski
Dean Russell Lohmeier
Jennifer Autumn Neise

David Paul Nelson
 David Peter Ney
 Kristin Dana Peabody
 Susana Rajj
 Stephen Garrett Sackett
 Lee John Sarberg
 William Reeves Schwartz
 Orville Frank Tschida
 Michael T Winter

Dental Hygienists

Doreen Cheryl Anderson
 Kimberly Ann Arenz
 Elaine Jean Arnold
 Meaza Yitna Belete
 Jennifer Leslie Boyd
 Anne Marie Brumagim
 Jackie Ann Calvin
 Janice Stark Chapman
 Wendy Beth Cuppy
 Donna Rae Dahl
 Cathie G Dill
 Georgia Lynn Epp
 Nancy L Fox
 Mary Marlene Gfeller
 Tamara Annette Groothausen
 Mary Elizabeth Jensen
 Mary E Johnson
 Margaret A King
 Shannon Marie Kringstad
 Sharon Kay Kroska
 Doreen Kay Malone
 Patricia Lynn McKinney
 Merri C Moradian
 Sylvia Benavides Rodriguez
 Jane Ellen Rowland
 Patti Graper Rud
 Beth Anne Salonek
 Lee Ann Smith
 Janet E Sterk
 Cassandra Stillman
 Margaret Studaker
 Penny Joanne Yon-Nemgar

Limited Registered Dental Assistants

Patricia Ahola
 Julie Ann Fletcher

"TOP 10" LIST OF MOST FREQUENTLY ASKED QUESTIONS AT THE STAR OF THE NORTH CONFERENCE

10. *Can I get more CE cards? (Yes. The Board staff was able to print off CE cards on-site and printed off approximately 1,250 sheets of cards over the 4 days)*
9. *Why don't you track all of my CE? (Maintaining CE is an individual's responsibility. The Board will record those credits that meet your minimum requirements per cycle; you should keep your own documentation on all CE. In the future, the board may review portfolios, requesting verification of credit hours.)*
8. *Where is the bathroom? (Down the hall to the right).*
7. *May I have some more CE cards, please? (Sure. Since you asked so nicely).*
6. *Can I report my CE for [Michigan, Montana, Wisconsin, etc.] to you? (No; we are the MINNESOTA Board of Dentistry!).*
5. *Why are my dues so high? (Again, we are the Minnesota BOARD of Dentistry, not the Dental Association. OUR fees actually decreased last year).*
4. *Is this where I get CE cards? (Yes, and so much more. We provided printed resource material on Infection Control guidelines, record keeping, the Health Professional Services Program, address changes, and answered many questions about the Board. Board staff also were asked to direct people to various seminars, coffee vendors, make lunch recommendations, and alert attendees to the best samples being provided by exhibitors).*
3. *When is the next newsletter coming out? (Soon. Very soon.).*
2. *How many CE credits do I have this cycle? (The staff did not have access to on-line information at the conference. Licensees and registrants should be maintaining their own documentation. If you need to confirm your CE status, you may wish to contact Joyce at 612-617- 2252).*
1. *I need CE cards! (Please get in line! And remember to turn in your cards at the sponsor's registration desk for general attendance and 3 hours of clinical credit).*

UPCOMING BOARD AND COMMITTEE MEETINGS

Friday, June 15, 2001, 8:00 am, Credentials Committeeclosed to the public
 Friday, July 20, 2001, 8:30 am, Complaint Committee 'A'closed to the public
 Saturday, July 21, 8:00 am, Policy Committeeopen to the public
 Friday, July 27, 2001, 8:00 am, Credentials Committeeclosed to the public
 Wednesday, August 8, 2001, 6:00 pm, Joint Complaint Committee meetingclosed to the public
 Thursday, August 9, 2001, 8:00 am, Complaint Committee 'B'closed to the public
 Friday, August 10, 2001, 8:30 am, Complaint Committee 'A'closed to the public
 Tuesday, August 21, 2001, 6:30 pm, Executive Committeeopen to the public
 Thursday, September 6, 2001, 8:00 am, Complaint Committee 'B'closed to the public
 Friday, September 7, 2001, 8:00 am, Credentials Committeeclosed to the public
 Friday, September 21, 8:30 am, Board meetingopen to the public
 Friday, September 21, Executive Board meeting, following public meetingclosed to the public
 Friday, September 28, 8:30 am, Complaint Committee 'A'closed to the public

FDA ISSUES LEAD WARNING TO DENTISTS

Dentists who use dental boxes with an untreated lead lining to store X-ray film may be exposing themselves and patients to dangerous levels of lead.

To keep X-ray film fresh before placing it into patients' mouths, dentists either store it a certain distance away from X-ray machines or store it in lead-lined radiation-proof containers that are specially treated so the lead doesn't leach. That's important, because lead poisoning can cause serious neurological damage, particularly in children.

Many older boxes are in use that contain untreated lead linings, so the FDA issued a nationwide alert in March telling dentists to throw

away X-ray film stored in such boxes.

The alert warns that "in many cases there are highly dangerous levels of lead on the films, enough to potentially cause serious adverse health effects in patients and health care professionals."

Please dispose of the boxes according to Minnesota's safe-lead regulations. The boxes cannot be converted for use. For more information, you may contact Tom Hogan at the Minnesota Department of Health's Asbestos/Lead Compliance Unit at 651-215-0897, or by e-mail at tom.hogan@health.state.mn.us.

TOOTH WHITENING KIOSK

The Minnesota Board of Dentistry has received numerous phone calls and letters inquiring about the tooth whitening kiosk operated by Professional Teeth Whitening. This company operates a business at Ridgedale mall in Minnetonka and in other locations on a national basis, where customers are provided the materials to take an impression of their own teeth. In turn, the impression is sent to an out-of-state laboratory for manufacture of a custom-fitted tray. It is the Board's understanding after thorough review that the company does not treat customers; it assists customers in treating themselves. Therefore, the business is not conducting the practice of

dentistry, and is operating outside the jurisdiction of the Board. Professional Teeth Whitening has been directed not to imply that the services are endorsed or supported by the Minnesota Board of Dentistry.

In summary, at this time the Ridgedale kiosk offers teeth whitening products in a manner that is not the practice of dentistry in Minnesota. The Board has considered many factors in making this determination. A change in any one of the factors could result in a tooth whitening business offering dental services which would be within the Board's regulatory authority.

THANKS TO OUTGOING BOARD MEMBERS

In addition to the newly appointed Board members highlighted in this newsletter, Governor Ventura has reappointed the Board's Past President, Susan Gross, to another 4-year term.

The Board is extremely appreciative of the commitment demonstrated by our two outgoing Board members. Cheryl Tietge, DH, leaves after 8 years of dedicated service to the public as the Board's Dental Hygiene representative. Cheryl has served on nearly all of the Board's committees, was the Board's president during 1999, and will continue acting as a Deputy Examiner for CRDTS. Bill Zimbinski, DDS, has served the past four years as one of the Board's dentist members, and has contributed greatly in his thoughtful work on the Board's Complaint Committee. Both were honored at a reception in March, which also recognized the commitment to the Board of David Remes, DDS and Ken Heuer, public member, whose terms expired last year.

FOREIGN TRAINED DENTISTS

During the 2001 legislative session, HF 125 was passed and signed into law. The law, which becomes effective on August 1, 2001, allows foreign-trained dental graduates to apply to Minnesota for licensure. Specifically, the law states that:

a graduate of a dental college in another country must not be disqualified from examination solely because of the applicant's foreign training if the board determines that the training is equivalent to or higher than that provided by a dental college approved by the Commission on Dental Accreditation of the American Dental Association or a successor organization.

The Board will be developing guidelines to enable qualified candidates to apply for licensure under this statute. In most cases, the application is expected to require an educational comparability assessment from an independent source. The Board will be developing guidelines (temporary criteria for reviewing applications on a case by case basis) and rules (formalized operational standards) based on the following potential categories of applicants:

<u>Category</u>	<u>Anticipated Requirements</u>
1. Foreign-Trained Provider	a. curriculum comparability b. national boards c. clinical exam
2. Foreign-Trained; advanced education in US	a. no comparability required b. national board c. clinical exam
3. Foreign-Trained; advanced education in US; licensed in another state	a. national boards b. licensure by credentials
4. Foreign-Trained; foreign advanced education	same as #1
5. Foreign-Trained; licensed in another state	same as #1

These categories and expected requirements are provided for information and feedback only. The actual guidelines will be determined by Board staff in collaboration with the Attorney General's Office, and with additional input from the Policy Committee and the Credentials Committee.

BOARD TO SEEK LEGISLATIVE CHANGES IN 2002

In the 2002 legislative session, the Board of Dentistry will be requesting changes to Minnesota statute in three areas: mandatory reporting, complainant immunity, and cost recovery.

To encourage early intervention for successful treatment, the Board will be requesting that mandatory reporting of impaired practitioners be explicitly added to the Dental Practice Act. Those regulated by the Board of Dentistry have a significantly lower rate of self-reporting to the Health Professional Services Program (HPSP) than other groups of professionals. The earlier that a person receives help for an impairment, the more successful they are with their recovery. The public is also better served, as they are protected from potentially unsafe care.

The concept of complainant immunity protects from liability those individuals who are required to report suspected impairment of colleagues. The primary focus of the mandatory reporting is to protect the public and the professional through early intervention. When the reporting is done in good faith to address a suspected or known impairment, the individual who files the report would be acting according to the requirements of their licensure or registration, and could not have action taken against them for doing so.

Another goal for next year's session addresses the financial burden on all licensees when disciplinary or corrective action is taken against a regulated individual. The costs incurred by the Board for investigations and support of the Attorney General's Office, per diem fees, and other costs are currently borne by all dentists, hygienists, and registered dental assistants. A change in statutory language to explicitly authorize recovery of costs from an individual found in violation of the Practice Act would more fairly keep the costs connected with specific individuals and practices.

The Board staff is also initiating a review of the statutes and rules related to the practice of dentistry. The staff is looking for unclear language, conflicting language, and practices which may be in conflict with the Practice Act. The outcome of the review will be a report with recommendations for changes to the language through statute or rules.

If you have questions or concerns about any of these issues, please direct them to Marshall Shragg at the Board office.

RULEMAKING PROCESS TO BEGIN

The Policy Committee of the Board of Dentistry will meet on Saturday morning, July 21, to begin the process of rulemaking. The meeting will begin at 8:00am in the Board's conference room, and is open to the public. Among the topics that will be considered are changes to the scope of practice for Dental Hygienists and Registered Dental Assistants that have been addressed by the Board and the state legislature. The Committee will initiate discussions related to the level of supervision required for specific procedures. Different steps must be taken by the Board for rules regarded as either "controversial" or "non-controversial." More information will be provided to interested parties as the Board proceeds with the process. If you wish to be included on the notification list, please contact the Board office.

MEET THE NEW DIRECTOR: MARSHALL SHRAGG

I was appointed to the Board's Executive Director position in November, inheriting a knowledgeable and committed team of staff members, a hard working Board, and a number of significant issues to be addressed. With great appreciation to Pat Glasrud for her leadership over the past 7 years, I step into an organization that is well prepared to address its mission. The Board's mission of ensuring "that Minnesota citizens receive quality dental care from competent dental health care professionals" was at the center of a strategic planning process conducted last summer, and is at the center of the work that the Board does on a daily basis.

I received my Master's degree in Public Health Administration from the University of Minnesota. Upon completing my graduate coursework, I worked as an Assistant Administrator for Pilot City Health Center, a community-based clinic that is a department of Hennepin County. At Pilot City, I was responsible for strategic planning, community outreach, and facility development. For a few years during my tenure at Pilot City, I was involved in their dental program as the administrative (non-clinical) director. I then became Director of Adolescent Health Services for Children's Hospitals and Clinics, responsible for managing Teen Age Medical Services and its many programs and services. I have recently been involved in independent consulting, including work with the Minnesota Primary Care Association, and their work with the Minnesota Department of Human Services on statewide access to oral health care. I am currently serving as the immediate past president of the Minnesota Public Health Association.

As the Board's new Executive Director, I will continue to work toward refining and implementing the goals that the Board has established, and will bring some new perspectives to the systems and operations. I have a great interest in public policy and organizational development, and look forward to hearing ideas from licensees and registrants, policy makers, and the public about how we can be more



responsive and effective.

Policy, assessment, and assurance are considered the core functions of public health. These core functions are consistent with the Board's activities, and I look forward to working with you together to advance our national leadership in the delivery of oral health care.

A handwritten signature in black ink, appearing to read "Marshall Shragg".

If you have a name or address change you must inform the Board in writing within 30 days of the change.
 Practicing dentists are required to have their primary practice address on record with the Board.
 All others may list a home address.

NAME AND/OR ADDRESS CHANGE

Name (last, first, middle)	Former Name (if applicable)
New Address Street: _____ _____ City/Town: _____ State: _____ Zip Code: _____	Former Address (if applicable) Street: _____ _____ City/Town: _____ State: _____ Zip Code: _____
MN Dental License/Registration Number	Daytime Phone Number
Signature (Required):	Effective Date:



Please cut along dotted line and mail to the Board office.



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(612) 617-2250

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www.dentalboard.state.mn.us



2829 University Ave SE
 Suite 450
 Minneapolis, MN 55414

