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**Agency Purpose**

The Minnesota Board of Dentistry is established under Minnesota Statutes (M.S.) 214 with the responsibility of protecting the public as the official regulatory agency for dental professionals. The Board was created in 1885, and enforces M.S. 150A and Minnesota Rules chapter 3100 relating to the professional practice of dentists, dental therapists, dental hygienists, and dental assistants.

The mission of the Board is to:

- ensure that Minnesotans receive quality dental health care from competent dental professionals;
- protect the public by issuing licenses only to those who meet the minimum standards of education and practice;
- promote continued competency of regulated dental professionals through establishing and monitoring professional development standards; and
- provide timely and impartial resolution of complaints filed against regulated dental professionals.

**At a Glance**

(annual data as of 6/30/10)

**Licensing**

- 3988 Dentists
- 0 Dental Therapists (first licenses expected 2011)
- 5179 Dental Hygienists
- 7098 Licensed Dental Assistants
- 25 Guest Licenses (dentists, hygienists, assistants)
- 28 Limited or Full Faculty licenses
- 63 Resident Dentists
- 888 Professional Firms Registered

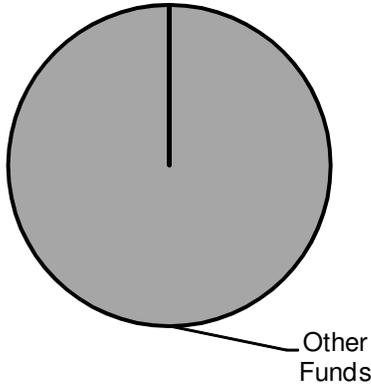
**Complaints & Discipline**

- Investigate ~250 complaints against regulated dental professionals
- Resolve 33 complaints through corrective action
- Resolve 16 complaints through disciplinary action
- Support monitoring of dental professionals in Health Professional Services Program (avg 12/mo)

**Professional Development/Continuing Education**

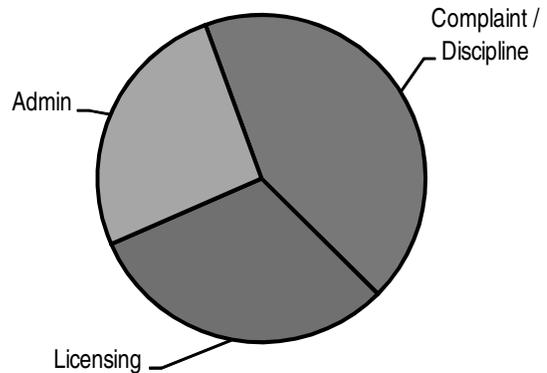
- 85% of Portfolios Passed Audit

**Est. FY 2010-11 Expenditures by Fund**



Source: Consolidated Fund Statement.

**Est. FY 2010-11 Expenditures by Service**



Source: Board expenses allocated to the services provided by the board.

**Strategies**

Core functions of the Board are established to protect the public by ensuring that dental professionals comply with the Board's rules and practice in a professional, legal, and ethical manner. The Board's core functions are:

- Establishing minimum standards for initial licensure (education, testing, etc);
- Ensuring that those who are awarded a professional dental credential by the Board continue to meet established standards throughout their careers;
- Identifying those who fail to maintain the minimum standards necessary to render quality care safely to patients;
- Responding to complaints and taking timely and appropriate disciplinary or corrective actions when warranted;
- Providing accurate and current information to the public to enable them to make informed decisions about their dental health care.

**Operations**

The Board consists of nine members appointed by the governor to staggered four year terms, and a staff of 10.5 FTE who manage day to day operations of the Board. The appointed Board members include: five dentists, one dental hygienist, one licensed dental assistant, and two public members.

The full Board typically meets five times per year. The Board also appoints several committees (e.g. executive, complaint, licensure and credentials, professional development, policy, etc) that meet throughout the year.

At the end of FY2009, the Minnesota Board of Dentistry assumed responsibility as the administering Board for the Health Professionals Services Program (HPSP), a joint program of the Health Regulatory Boards to protect the public from health professionals with illnesses that could impact their ability to practice safely through:

- Providing intake and assessment services;
- Creating and implementing monitoring contracts;
- Monitoring the continuing care and compliance of participants, and
- Consulting with licensees, licensing boards, health employers, practitioners, and medical/health communities.

**Key Activity Goals & Measures**

The Minnesota Board of Dentistry operates under goals that are consistent with *Minnesota Milestones* that promote the health of Minnesotans and the cost effectiveness of government by designing services to meet the needs of Minnesotans through appropriate regulation of the dental professions.

The Board has also developed a strategic plan with additional, specific goals to ensure the relevance of board regulations, enhance communications with the public and licensees, continually assess and modify systems and processes to maximize efficiencies and effectiveness.

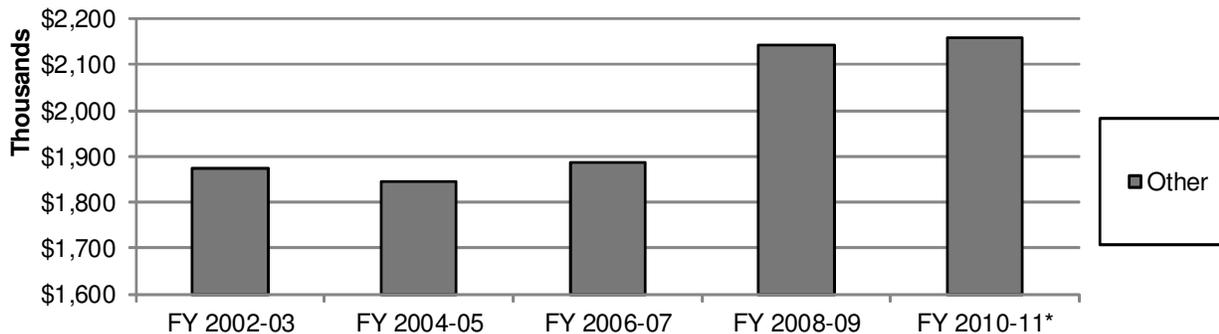
**Budget Trends Section**

The board is responsible for collecting sufficient revenue to cover both direct and indirect expenditures. The board is estimated to collect \$2,852,000 in FY 2010-11, which is 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 activities such as salaries, rent, costs for disciplinary/contested cases and operating expenditures. It also pays statewide indirect costs through an open appropriation. In FY 2010-11, total expenditures for these purposes are estimated at \$2.16 million. The chart below shows funding trends over the last five biennia for the direct and open appropriation.

The number of licensees regulated by the Board continues to rise, as do the number of complaints and the complexity of the cases. The Board last changed fees in 1999 by *lowering* fees to all regulated dental professionals; however, the Board anticipates that it will need to increase fees in the upcoming biennium.

**Total Expenditures by Fund**



\*FY 2010-11 is estimated, not actual

Source data for the previous chart is the Minnesota Accounting and Procurement System (MAPS) as of 07/31/10.

Board fees are also responsible for covering a prorated share of support functions provided outside of the Board itself. These include legal support (Attorney General), statewide e-licensing system development and operations (Office of Enterprise Technology), centralized administrative support (Health Boards Administrative Services

Unit), funding for services to health professionals (Health Professionals Services Program), monitoring program (Dept of Health – HIV/HBV/HCV), malpractice insurance (volunteer Health Care Provider Program), and controlled substance program (Prescription Electronic Reporting). In FY 2010-11, some of the health boards' reserves in the state government special revenue fund were also transferred to the general fund. The table below displays direct and open appropriation expenditures, external support costs (prorated share), and the general fund transfers (prorated share) estimated in FY 2010-11.

	FY 2010-11 (in thousands)
Board's Direct and Open Appropriations	\$ 2,160
Board's External Support Costs and Transfers (prorated Share)	
• Attorney General support	512
• E-licensing support	179
• Central administrative service unit	111
• Health professional service program	35
• General fund transfer	0
• Dept of Health-HIV/HBV/HCV	5
• Volunteer Health Care Provider Program	32
• Prescription Electronic Reporting	51
	Total 3,085
Fees Collected by Board	\$2,852
	Prorated Surplus/(Deficit) (233)

In most years, Board fee revenues exceed direct expenditures and external support costs, and as directed by law, the surplus is used to maintain a reserve in the state government special revenue fund. It should be noted here that the FY 2010-11 transfers to the General Fund, along with unanticipated increases in the support costs discussed above, have resulted in the Board's fee revenue not covering its prorated costs and transfers.

The number of licensees regulated by the Board continues to rise, as do the number of complaints and the complexity of the cases.

**Contact**

Minnesota Board of Dentistry  
 2829 University Avenue South East, Suite 450  
 Minneapolis, Minnesota 55414

The Board's website, <http://www.dentalboard.state.mn.us>, provides visitors easy access to useful and current information about regulated dentistry in Minnesota. The website includes regulatory news and updates, rules and statutes (including proposed changes), public notices and forms, newsletters, on-line license verification, texts of disciplinary actions, on-line renewal and change of address, etc.

Executive Director: Marshall Shragg, MPH  
 Phone: (612) 617-2250  
 Non-Metro Toll Free: 1-888-240-4762  
 Fax: (612) 617-2260  
 TDD: 1-800-627-3529

The Health Professionals Services Program (HPSP) maintains its own web site at: <http://www.hpsp.state.mn.us>

<i>Dollars in Thousands</i>					
	<b>Current</b>		<b>Governor Recomm.</b>		<b>Biennium</b>
	<b>FY2010</b>	<b>FY2011</b>	<b>FY2012</b>	<b>FY2013</b>	<b>2012-13</b>
<b><u>Direct Appropriations by Fund</u></b>					
<b>State Government Spec Revenue</b>					
Current Appropriation	1,102	1,026	1,026	1,026	2,052
<b>Recommended</b>	<b>1,102</b>	<b>1,026</b>	<b>0</b>	<b>0</b>	<b>0</b>
Change		0	(1,026)	(1,026)	(2,052)
% Biennial Change from 2010-11					-100%
 <b><u>Expenditures by Fund</u></b>					
<b>Direct Appropriations</b>					
State Government Spec Revenue	1,014	1,114	0	0	0
<b>Open Appropriations</b>					
State Government Spec Revenue	23	9	0	0	0
<b>Statutory Appropriations</b>					
State Government Spec Revenue	0	0	1,670	1,679	3,349
<b>Total</b>	<b>1,037</b>	<b>1,123</b>	<b>1,670</b>	<b>1,679</b>	<b>3,349</b>
 <b><u>Expenditures by Category</u></b>					
Total Compensation	760	783	768	802	1,570
Other Operating Expenses	277	340	902	877	1,779
<b>Total</b>	<b>1,037</b>	<b>1,123</b>	<b>1,670</b>	<b>1,679</b>	<b>3,349</b>
 <b><u>Expenditures by Program</u></b>					
Dentistry, Board Of	1,037	1,123	1,670	1,679	3,349
<b>Total</b>	<b>1,037</b>	<b>1,123</b>	<b>1,670</b>	<b>1,679</b>	<b>3,349</b>
 <b>Full-Time Equivalents (FTE)</b>	 <b>10.2</b>	 <b>10.2</b>	 <b>10.1</b>	 <b>10.1</b>	

<i>Dollars in Thousands</i>				
	FY2011	Governor's Recomm.		Biennium
		FY2012	FY2013	2012-13
<b><i>Fund: STATE GOVERNMENT SPEC REVENUE</i></b>				
<b>FY 2011 Appropriations</b>	1,026	1,026	1,026	2,052
<b>Technical Adjustments</b>				
Current Law Base Change		(11)	(11)	(22)
<b>Subtotal - Forecast Base</b>	1,026	1,015	1,015	2,030
<b>Change Items</b>				
Convert to Dedicated Funding	0	(1,015)	(1,015)	(2,030)
<b>Total Governor's Recommendations</b>	1,026	0	0	0
<b><i>Fund: STATE GOVERNMENT SPEC REVENUE</i></b>				
<b>Planned Open Spending</b>	9	15	15	30
<b>Change Items</b>				
Convert To Dedicated Funding	0	(15)	(15)	(30)
<b>Total Governor's Recommendations</b>	9	0	0	0
<b><i>Fund: STATE GOVERNMENT SPEC REVENUE</i></b>				
<b>Planned Statutory Spending</b>	0	0	0	0
<b>Change Items</b>				
Convert to Dedicated Funding	0	1,670	1,679	3,349
<b>Total Governor's Recommendations</b>	0	1,670	1,679	3,349

# DENTISTRY BOARD

## Change Item: Convert to Dedicated Funding

Fiscal Impact (\$000s)	FY 2012	FY 2013	FY 2014	FY 2015
Health Related Boards (171)				
<b>Direct Appropriated Account</b>				
Expenditures	\$(1,015)	\$(1,015)	\$(1,015)	\$(1,015)
Non-Dedicated Revenue	(1,670)	(1,679)	(1,670)	(1,670)
<b>Open Appropriated Account</b>				
Expenditures	(15)	(15)	(15)	(15)
<b>Dedicated Account</b>				
Expenditures	1,670	1,679	1,670	1,670
Dedicated Revenue	1,670	1,670	1,670	1,670
Transfer In	0	0	0	0
Net Fiscal Impact	\$640	\$649	\$640	\$640

### Recommendation

The Governor recommends changing the way appropriations are made to the health related licensing boards that operate in the state government special revenue fund. Under this proposal, the boards' funding would be converted from direct appropriations to dedicated appropriations, giving each board spending authority equal to its fee revenue and any accumulated balance. The net effect of this change is the difference between the board's current base appropriations and projected revenues.

### Rationale

This proposal places ownership in the boards' 183 appointed members to be efficient and cost effective in setting their spending levels, while providing continued legislative oversight in the setting of the boards' fees. It encourages the boards to find efficiencies and ensures the fees paid by each occupation are dedicated to the boards' mission to protect the public and ensure that Minnesota citizens receive quality care by qualified licensed health professionals. The establishment of the dedicated appropriation will improve the boards' management of resources and transparency for licensees.

The health related licensing boards are fee-supported organizations that receive no general fund dollars. The boards currently collect and deposit fees as non-dedicated special revenue into the health related boards account in the state government special revenue fund (171). The legislature then provides a direct appropriation from these revenues to each board for its operating expenses. Unlike agencies that receive direct appropriations from the general fund, the boards must ensure that licensing fees are collected to recover each board's direct and indirect expenditures to maintain the solvency of the state government special revenue fund. For this reason, the health boards already operate much like agencies with dedicated appropriations—except that they must seek appropriation authority to gain access to their existing fee revenue.

This proposal changes the boards' non-dedicated revenue to dedicated revenue within the same fund and provides each board with a dedicated appropriation from the board's revenue. Additionally, the current accumulated fund balance within the health related boards account will be transferred to individual boards based on each board's contribution to the balance. M.S. 16A.1283 requires that all fee increases be approved by the legislature, so even with a dedicated funding arrangement, the boards must still seek legislative action to increase spending beyond current law fee revenues.

### Key Goals and Measures

Minnesota Milestone: Government in Minnesota will be cost-efficient, and services will be designed to meet the needs of the people who use them. Minnesotans expect their state and local governments to spend money carefully and effectively.

Measures:

- Transparency of fees and expenditures
- The level of service provided to licensees and Minnesota citizens.

**Statutory Change:** Minnesota Statutes Chapter 148

# DENTISTRY BOARD

## Change Item: Transfer Health Prof Services Prog

Fiscal Impact (\$000s)	FY 2012	FY 2013	FY 2014	FY 2015
Health Related Boards Fund (171)				
Expenditures	\$0	\$0	\$0	\$0
Revenues	0	0	0	0
Net Fiscal Impact	\$0	\$0	\$0	\$0

### Recommendation

The Governor recommends that the Health Professionals Services Program (HPSP), a joint program of the Health Related Boards, be formally transferred to the budget of the Board of Dentistry as its new administering board. There is no change in the operating budget for either HPSP or the Board of Dentistry resulting from this change.

The direct appropriation to the Emergency Medical Services Regulatory Board for HPSP is from the Health Related Boards fund in the state government special revenue fund (171). Under the Governor's proposal for the Health Related Boards to convert to dedicated funding, HPSP will continue to be funded at the same level through partnership agreements with each board.

### Rationale

HPSP is the program that is responsible for evaluating and monitoring health professionals for concerns related to possible impairment. HPSP was created as a program of the health licensing boards in MS§ 214.31 "to protect the public from persons regulated by the boards who are unable to practice with reasonable skill and safety by reason of illness..." HPSP provides intake, assessment and case management/monitoring services to health professionals with illnesses that may adversely impact their ability to practice.

HPSP currently serves the public by monitoring nearly 600 health professionals regulated by the 16 health licensing boards, the Emergency Services Regulatory Board (EMSRB) and the Department of Health, who have substance, psychiatric or other medical disorders that may impair their ability to practice safely if their illness is not appropriately managed.

HPSP serves many state agencies, but is not an independent entity, and so is required to have an existing state agency oversee its operations as an administering board. Various Health Related Boards have held this responsibility in previous years, and the Board of Dentistry took on the functional aspects of this change over two years ago. Formalizing the change will clarify and simplify things for the program and the public.

HPSP is funded through the revenues collected by each board with licensees participating in the program. The program will continue to be funded by the Health Related Boards' fees when they move to dedicated funding. Each board will enter into partnership agreements with the Board of Dentistry to cover the cost attributed to that board for the HPSP program.

### Key Goals and Measures

This change is an organizational change not a fiscal change. There is no fiscal impact. This change enhances efficiency of state government.

# DENTISTRY BOARD

# Agency Revenue Summary

*Dollars in Thousands*

	Actual FY2010	Budgeted FY2011	Governor's Recomm. FY2012   FY2013		Biennium 2012-13
<b><u>Non Dedicated Revenue:</u></b>					
<b>Departmental Earnings:</b>					
State Government Spec Revenue	1,414	1,610	0	0	0
<b>Other Revenues:</b>					
State Government Spec Revenue	(119)	0	0	0	0
<b>Total Non-Dedicated Receipts</b>	<b>1,295</b>	<b>1,610</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b><u>Dedicated Receipts:</u></b>					
<b>Departmental Earnings:</b>					
State Government Spec Revenue	0	0	1,670	1,679	3,349
<b>Total Dedicated Receipts</b>	<b>0</b>	<b>0</b>	<b>1,670</b>	<b>1,679</b>	<b>3,349</b>
<b>Agency Total Revenue</b>	<b>1,295</b>	<b>1,610</b>	<b>1,670</b>	<b>1,679</b>	<b>3,349</b>