



MINNESOTA BOARD OF DENTISTRY

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Public Board Meeting

Agenda

University Park Plaza – Conference Room A

April 15, 2016 8:00 a.m. – 12:00 p.m.

Call to Order of the Public Meeting – Steven Sperling, DDS, President

Introductions

Minutes

1. Review and Approve Minutes of the January 15, 2016 Public Board Meeting

Professional Association & Dental Education Reports

2. Minnesota Dental Association (MDA) – Carmelo Cinqueonce; Pete Cannon, DDS
3. Minnesota Dental Hygienists' Association (MnDHA) – Candy Hazen, DH
4. Minnesota Dental Assistants Association (MnDAA) – Kelli Olson, LDA
5. Minnesota Educators of Dental Assistants (MEDA) – Beth Rynders, LDA
6. Minnesota Dental Hygiene Educators Association (MDHEA) – Jeanne Anderson, DH
7. Minnesota Department of Health (MDH) – Merry Jo Thoele, MPH, RDH
8. Dental and Dental Therapy Programs:
 1. University of Minnesota – Dean Leon Assael, DMD; Todd Thierer, DDS
 2. Metropolitan State University – Dean Ann Leja, DNP, RN; Jayne Cernohous, DDS
9. Minnesota Dental Therapists' Association (MnDTA) – Jodi Hager, DT
10. Minnesota Society of Oral and Maxillofacial Surgeons (MSOMS) – Richard Marlow, DMD
11. CRDTS Examiners
12. Other Organizations/Associations
13. **Executive Director's Report** – Bridgett Anderson, LDA, MBA

Committee Reports

14. Executive Committee/President's Report – Steven Sperling, DDS
15. Policy Committee – Neal Benjamin, DDS
16. Sedation Committee – Paul Walker, DDS
17. Allied Dental Education Committee – Teri Youngdahl, LDA
18. Dental Therapy Program Review Committee – Nancy Kearn, DH
19. Jurisprudence/Professional Development Committee – Jake Manahan, JD
20. Licensure & Credentials Committee – Nancy Kearn, DH
21. Licensing Update – Joyce Nelson, LDA
22. CRDTS – David Gesko, DDS
23. AADB Representatives – Neal Benjamin, DDS; Nancy Kearn, DH
24. Complaint Committee Reports – Mary Liesch, DH
 1. Complaint Committee 'A'
 2. Complaint Committee 'B'
 3. Complaint Statistics
25. HPSP – Bridgett Anderson, LDA, MBA
26. Clinical Licensure Exam Committee – Paul Walker, DDS
27. Prescription Monitoring Program Representative – Neal Benjamin, DDS

28. Community Water Fluoridation Committee Representative – Paul Walker, DDS

29. Travel Authorizations

1. **April 30, 2016:** *CRDTS Dental ERC*, Kansas City
2. **June 2-4, 2016:** *OSAP Annual Symposium*, San Diego, CA
3. **July 9, 2016:** *CRDTS Hygiene ERC*, Kansas City
4. **August 26-27, 2016:** *CRDTS Annual Meeting*, Kansas City
5. **September 15-17, 2016:** *CLEAR*, Portland, OR

30. Licenses for Ratification and Reinstatement

31. Variances/Waivers/Petitions/Appeals

- A. **Michelle Behrens, DDS** – Waiver request to allow her to apply for licensure by exam based on the National Board Exam and Clinical Exam being over 5 years.
- B. **Sally K. Darling, DDS** – Variance petition to accept previous nitrous oxide inhalation analgesia education training without documentation.

32. New Business

33. Review of Action Items

34. Recess to Executive Board Closed Session and Adjourn

Upcoming Public Board Meeting Dates

July 15, 2016
October 14, 2016
January 13, 2017

Plan Ahead For...

April 21, 2017
July 14, 2017
October 13, 2017

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Board President David Gesko called the meeting to order at 8:01 a.m.

David Gesko, DDS – President
Allen Rasmussen, MA, BS – Vice President
Neal Benjamin, DDS – Secretary
Teri Youngdahl, LDA – Past President
Douglas Wolff, DDS
Jake Manahan, JD
Nancy Kearn, DH
Paul Walker, DDS
Steven Sperling, DDS

Amy Johnson, Licensing Analyst
 Deb Endly, Compliance Officer
 Diane Anderson, Complaint Analyst
 Joyce Nelson, Interim Executive Director
 Mary Liesch, Complaints/Compliance Director
 Michelle Schroeder, Administrative Assistant
 Sheryl Herrick, Office Manager
 Vicki Vang, Administrative Assistant

Jennifer Middleton – Assistant Attorney General

Beth Rynders, LDA – MEDA; Kelli Olson, LDA – MnDAA; Jodi Hager, DT – MDTA; Karl Self, DDS – U of M; Susan Block, DDS – MDA; Anna Malay, LDA – MnDAA; Jeanne Anderson, DH – MDHEA; David Resch, DDS – MDA; Clare Larkin – MN Department of Health; Joan Sheppard, DDS – CRDTS; David Linde, DDS – MDA; Mary Beth Kensek, DH – CRDTS Examiner; Dariella Rodriguez, LDA – AOMS; Collin Brehmer – AOMS; Todd Thierer, DDS – U of M; Lori Pelke – Midwest Dental; Donna Stenberg, DDS – MAO; Breca Tschida – MNOSHA; Deb Lien, DDS – MAO; Bridgett Anderson, LDA – MDA; Judith Gundersen – DHS; Diane Aden, LDA – MDA; Dick Diercks – Park Dental; Leon Assael, DDS – U of M; Becky Maher, DDS

Board members, staff, and members of the public introduced themselves.

Minutes from the October 30, 2015 Public Board meeting were reviewed.

MOTION:	Paul Walker
SECOND:	Neal Benjamin
VOTE:	For: 9
	Opposed: 0
RESULT:	Motion Passed.

Seating of New Officers

President: Steven Sperling, DDS
Vice President: Jake Manahan, JD
Secretary: Teri Youngdahl, LDA
Past President: David Gesko, DDS

Professional Associations and Dental Educator Reports

MDA – David Resch indicated that a written report was included in the Board packet. He reported that the MDA held their inaugural gala dinner in the fall and it was a great success. David reported that Give Kids a Smile is scheduled for February 5-6, and Mission of Mercy is scheduled for July 22-23 at Concordia College in Moorhead.

MnDHA – No report

MnDAA – Kelli Olson indicated that a written report from MnDAA was included in the Board packet. She reported that MnDAA has CE courses coming up that are not just for dental assistants, but that hygienists and dental therapists could take the courses as well. Kelli reported that she has been appointed as the ADAA 7th district interim trustee.

MEDA – Beth Rynders indicated that a written report was included in the Board packet. MEDA will be meeting in April and will be discussing the possibility of splitting the duties of dental hygienists and dental assistants along with orthodontic duties.

MDHEA – Jeanne Anderson congratulated the Executive Committee members. She reported that MDHEA will be discussing scope of practice for dental hygienists.

MDH Oral Health Program – Clare Larkin indicated that a written report was included in the Board packet. She reported that revisions to rules regarding drinking water fluoride levels are being discussed to address the recommendation for a national consistent level of water fluoridation.

U of M – Todd Thierer indicated that a written report was included in the Board packet. He congratulated the new Board officers. He highlighted the portion of the written report that indicated that the U of M, MnSCU and the Board of Dentistry have been given the Gies Award for their work on the dental therapy process.

Metropolitan State University – No report

Midwest Dental Laboratory Association – No report

Minnesota Society of Oral and Maxillofacial Surgeons (MSOMS) – Written report was included in the Board packet. No verbal report.

CRDTS Examiners – Mary Beth Kensek was present for the Board Meeting but had no report.

Minnesota Dental Therapists' Association (MnDTA) – Jodi Hager indicated that MnDTA is still working on their website and has nothing new to report.

Other Organizations/Associations –

MNOSHA Workplace Safety Consultation – Breca Tschida gave an update on courses that have been offered by MNOSHA regarding infection control and general OSHA requirements.

Interim Executive Director's Report

Joyce Nelson indicated that a written report was included in the Board packet. Discussion occurred regarding the MN.IT surcharge fee. Joyce reported that the fee is no longer being collected and that the Board was not able to access any of the funding from that surcharge. She indicated that this may be a basis for rationale for asking the legislature for additional funding in the future, since the Board was unable to access any of the funds that were collected.

Committee Reports

Executive Committee/President's Report – David Gesko indicated that a written report was included in the Board Meeting packet. He reported that although many proposed revisions to the IOPP were included in the Board packet, at this time, the only proposed change that would be reviewed today is to add a new letter J under the responsibilities of the Executive Committee indicating that the Committee will present the results of the Executive Director review to the Full Board.

Motion made that the IOPP be amended to include the new letter J under responsibilities of the Executive Committee. Language to be added: "Prepare results of review to be presented to the full Board during a closed session"

MOTION: David Gesko
SECOND: Paul Walker
VOTE: For: 9
Opposed: 0
RESULT: Motion Passed.

David reported that the Executive Director Search Committee posted the Executive Director position twice, and has now completed the interview process. He indicated that although the Executive Committee had previously determined that they would bring the top 2-3 candidates to the full Board meeting for public interviews, they had now determined that doing that wouldn't be feasible. He indicated that he had made the decision to revert back to the process as listed in the IOPP and that the committee agreed unanimously. David reported that Bridgett Anderson is the candidate the Search Committee chose to bring to the full Board for approval.

Motion made to ratify Bridgett Anderson as the new Executive Director for the Board of Dentistry.

MOTION: Allen Rasmussen
SECOND: Neal Benjamin
VOTE: For: 8
Opposed: 0
Abstain: 1 (Jake Manahan)
RESULT: Motion Passed.

Policy Committee – Neal Benjamin indicated that the Policy Committee is bringing three motions to the full Board for approval.

Motion #1: The Board will accept a standard licensee renewal certificate in lieu of a mini-license, when required for licensees who are volunteering their dental services, to demonstrate current and valid licensure in the State of Minnesota.

MOTION: Policy Committee
VOTE: For: 9
Opposed: 0
RESULT: Motion Passed.

Motion #2: The Board will adopt the following Statement of Understanding:

Statement of Understanding:

The Board of Dentistry clarifies that a licensed dental assistant delegated under general supervision the duty of gathering of information through intra-oral or extra-oral photos, X-ray images and impressions by either material or digital technology and a prescribed bite registration for the dentist to use in diagnosis, treatment and appliance fabrication, is congruent with current rule. The impressions cannot be used for final fixed and removable prosthesis as specifically stated in rule. This clarification further affirms that this does not require a change in current curricula to achieve this outcome.

MOTION: Policy Committee
VOTE: For: 9
Opposed: 0
RESULT: Motion Passed.

Motion #3: The Board will adopt the Infection Control Resolution as proposed by the Policy Committee, with the exception of changing number 5.a. to include a statement that this will not be in effect until it has been changed in Rule.

MOTION: Policy Committee
VOTE: For: 9
Opposed: 0
RESULT: Motion Passed.

Sedation Committee – Paul Walker indicated that the Sedation Committee has met once since the previous Board meeting. The Sedation Committee discussed sedation inspections and brings the following motion to the full Board:

Motion made that sedation provider(s) be required to be present during the on-site inspection, and have the ability to participate to an agreed upon level as requested by the inspector.

MOTION: Sedation Committee
VOTE: For: 8
Opposed: 0
Not Present: 1 (David Gesko)
RESULT: Motion Passed.

Allied Dental Education Committee – Nancy Kearn indicated that a written report was included in the Board packet. The committee recently had issues with two sedation monitoring education programs allowing allied professionals without a license or without nitrous oxide certification to take the sedation course. The committee has had conversations with those programs and has been assured that they will verify licensing and certification requirements prior to allowing students to take the courses. Nancy reported that the committee will be discussing the scope of practice for hygienists and dental assistants at their next meeting.

Dental Therapy Program Review Committee – Nancy Kearn reported that the committee has not met, but a meeting will be scheduled once the committee assignments for 2016 are determined.

Jurisprudence/Professional Development Committee – Jake Manahan reported that the committee has not met since the last Board meeting.

Licensure & Credentials Committee – Allen Rasmussen indicated that the Licensure & Credentials committee has discussed emeritus status licensure. The committee brings the following motion to the full Board for approval:

Motion made that the Board approve the concept of adopting an Emeritus Status license and delegates the responsibility to continue working on the proposed recommendation to the Licensure & Credentials Committee to bring a final draft to the Board for approval, modification or rejection at a future date.

MOTION: Licensure & Credentials Committee
VOTE: For: 9
Opposed: 0
RESULT: Motion Passed.

CRDTS – Joan Sheppard provided a report from CRDTS, which was included in the Board packet. Joan indicated that she is pushing CRDTS strongly to have faculty calibrated to approve lesions for clinical exams for dentists and dental therapists. Until that occurs, she would like to see the Board create a list of CRDTS deputy examiners to approve lesions, especially for the exam coming up in February. Steven Sperling indicated that he will work on that task.

AADB – Neal Benjamin indicated that a written report was included in the Board packet and discussed the information that he took away from the AADB meeting.

Council of Health Boards – No report

Complaint Committee Reports – Mary Liesch indicated that Complaint Unit reports were included in the Board packet. There were a total of 267 complaints for 2015. A summary of public actions was included in the Board packet. Mary reported that the Joint Complaint Committee meeting will be held on Monday, March 28th. The time and agenda will be determined at a later date.

Motion made that the new Executive Director work on developing a batch email system to allow information related to public safety to be quickly dispersed.

MOTION: Complaint Committee A
VOTE: For: 9
Opposed: 0
RESULT: Motion Passed.

Motion made that Prescription Monitoring Program registration be required as a part of the license renewal process for dentists with Drug Enforcement Agency numbers.

MOTION: Complaint Committee A
VOTE: For: 0
Opposed: 9
RESULT: Motion does not pass.

Motion made that a task force of involved stakeholders be convened to create a process to increase usage of the Prescription Monitoring Program by appropriate dental providers in Minnesota with the Board President and Executive director conferring on the appointment of members to the task force.

MOTION: David Gesko
SECOND: Douglas Wolff
VOTE: For: 9
Opposed: 0
RESULT: Motion Passed.

1 **HPSP** – Allen Rasmussen indicated that a report was included in the Board Meeting packet. He reported that the
2 HPSP Program Committee will be meeting again in order to bring back a proposed change in governance to the
3 February 16 HPSP meeting.

4 **Clinical Licensure Exam Committee** – Steven Sperling reported that 13 candidates took the Advanced Dental
5 Therapy Exam on January 11. Joyce Nelson indicated that the CLE Committee will need to meet to discuss
6 questions that PSI had regarding development/management of the ADT exam. Nancy Kearn indicated that she
7 recently attended/proctored a WREB exam and she is still comfortable with the Board accepting the WREB
8 exam for dental hygiene.

10 **Advertising Task Force** – No report

12 **Prescription Monitoring Program** – Neal Benjamin indicated that PMP information was covered in previous
13 committee reports.

14 **Community Water Fluoridation Committee** – No report

17 **Travel Authorizations**

18 **February 5-7: Central Regional Dental Testing Service (CRDTS) Hygiene Captain & Coordinator Meeting,**
19 **Kansas City, MO.** Approval for Nancy Kearn to attend.

21 **March 12-15, 2016: American Dental Education Association (ADEA) Annual Session and Gala to receive the**
22 **Gies Award, Denver, CO.** Approval for Dr. Gesko to attend as a representative of the Board, travel expenses
23 not to be covered by the Board.

25 **April 10-11, 2016: American Association of Dental Boards (AADB) Mid-Year Meeting, Chicago, IL.** Approval
26 for 3 to attend.

28 **April 16-18, 2016: National Dental Examining Board of Canada Written Exam Construction, Ottawa,**
29 **Ontario, Canada.** Approval for 1 dentist to attend. Travel will require special expense request approval.

31 **April 18-20, 2016: National Oral Health Conference, Cincinnati, OH.** Approval for 2 to attend.

33 **April 30: Central Regional Dental Testing Service (CRDTS) ERC Meeting, Kansas City, MO.** Approval for
34 ERC representative to attend.

36 **MOTION:** Nancy Kearn
37 **SECOND:** David Gesko
38 **VOTE:** For: 9
39 Opposed: 0
40 **RESULT:** Motion Passed.

43 **Licenses for Ratification and Reinstatement**

44 October 9, 2015 through December 27, 2015

46 **Motion: to approve all licenses submitted for ratification and reinstatement.**

48 **MOTION:** David Gesko
49 **SECOND:** Nancy Kearn
50 **VOTE:** For: 9
51 Opposed: 0
52 **RESULT:** Motion Passed. Licenses ratified and reinstated as submitted.

55 **Variance and Waiver Requests**

56 **Kathryn Young, DH: Variance request for CPR certification.**

Licensee's CPR card had a recommended renewal date of December 31, 2015. Licensee was enrolled in a CPR recertification class for December 10, 2015. On November 21, 2015, licensee had an unplanned cesarean section and received instruction from her doctor to postpone completion of her CPR class for about 8 weeks. Licensee is requesting an extension to complete the CPR certification requirement for her dental hygiene license.

Motion made to grant the variance request for Kathryn Young to allow her until January 31, 2016 to complete her CPR recertification.

MOTION: Jake Manahan
SECOND: Allen Rasmussen
VOTE: For: 9
Opposed: 0
RESULT: Motion Passed.

Gina Hierlmeier, Dental Assistant: Variance request to waive dental assisting educational program requirement.

Ms. Hierlmeier is employed as a non-licensed dental assistant at an orthodontic office in Wisconsin. She has never enrolled in a dental assistant training program. She provided a letter detailing her previous education and on the job experience. She would like to become a licensed dental assistant in Minnesota; however, she has not met the educational requirement of successfully completing a dental assisting training program. She would like the Board to waive the educational requirement of successfully completing a dental assisting training program.

Motion made to grant the variance request for Gina Hierlmeier with the condition that she may only practice with Dr. Becky Maher and must complete an educational program within two years.

MOTION: David Gesko
SECOND: Douglas Wolff
VOTE: For: 4 (Gesko, Wolff, Benjamin, Walker)
Opposed: 5 (Rasmussen, Manahan, Kearn, Sperling, Youngdahl)
RESULT: Motion Does Not Pass.

Motion made to deny the variance request for Gina Hierlmeier.

MOTION: Teri Youngdahl
SECOND: Nancy Kearn
VOTE: For: 6 (Rasmussen, Manahan, Kearn, Walker, Sperling, Youngdahl)
Opposed: 3 (Gesko, Wolff, Benjamin)
RESULT: Motion Passed.

Michael Mallinger, DDS: Variance request to accept nitrous oxide inhalation analgesia educational training without adequate documentation of this training.

Licensee graduated from the U of M School of Dentistry receiving his DDS degree and appropriate training for nitrous oxide in 1983. Licensee never provided proper notice to the Board by submitting a completed nitrous oxide form that included educational information. The U of M is not willing to document the number of didactic/clinical hours for graduates of their dental program in reference to the nitrous oxide training prior to 1993. Licensee requests that the Board accept his previous educational training for nitrous oxide analgesia from the U of M School of Dentistry without having adequate documentation of this training.

Motion made to grant the variance request for Michael Mallinger to accept his previous nitrous oxide training without adequate documentation of this training.

MOTION: Nancy Kearn
SECOND: Neal Benjamin
VOTE: For: 9

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RESULT: Opposed: 0
Motion Passed.

John Wittenstrom, DDS: Variance request to accept nitrous oxide inhalation analgesia educational training without adequate documentation of this training.

Licensee graduated from the U of M School of Dentistry receiving his DDS degree and appropriate training for nitrous oxide in 1986. Licensee never provided proper notice to the Board by submitting a completed nitrous oxide form that included educational information. The U of M is not willing to document the number of didactic/clinical hours for graduates of their dental program in reference to the nitrous oxide training prior to 1993. Licensee requests that the Board accept his previous educational training for nitrous oxide analgesia from the U of M School of Dentistry without having adequate documentation of this training.

Motion made to grant the variance request for John Wittenstrom to accept his previous nitrous oxide training without adequate documentation of this training.

MOTION: Neal Benjamin
SECOND: David Gesko
VOTE: For: 9
Opposed: 0
RESULT: Motion Passed.

Diane Aden, LDA: Petition request for acceptance of IV sedation monitoring training without prerequisite Nitrous Oxide certification.

Licensee applied for allied sedation monitoring certification without having first applied for and been granted nitrous oxide certification. Licensee did take a nitrous oxide training course prior to the sedation monitoring course but had not submitted required paperwork to the Board. Licensee requests that the Board accept her sedation monitoring training that was taken prior to nitrous oxide certification.

Motion made to grant the variance request for Diane Aden to accept IV sedation monitoring training course that was taken prior to nitrous oxide certification.

MOTION: Nancy Kearn
SECOND: Neal Benjamin
VOTE: For: 9
Opposed: 0
RESULT: Motion Passed.

Collin Brehmer, Dental Assisting Applicant: Petition request for acceptance of IV sedation monitoring training prior to licensure.

Mr. Brehmer applied for allied sedation monitoring certification without having been granted licensure as a dental assistant. Licensee had submitted licensure paperwork and was allowed to take the allied sedation course without having obtained licensure.

Motion made to grant the variance request for Collin Brehmer to accept IV sedation monitoring training course that was taken prior to licensure.

MOTION: Teri Youngdahl
SECOND: David Gesko
VOTE: For: 9
Opposed: 0
RESULT: Motion Passed.

Hayley Richards, LDA: Petition request for acceptance of IV sedation monitoring training prior to licensure.

Licensee applied for allied sedation monitoring certification without having been granted licensure as a dental assistant. Licensee had submitted licensure paperwork and was allowed to take the allied sedation course without having obtained licensure.

Motion made to grant the variance request for Hayley Richards to accept IV sedation monitoring training course that was taken prior to licensure.

MOTION: Allen Rasmussen

SECOND: Paul Walker

VOTE: For: 6 (Rasmussen, Gesko, Wolff, Manahan, Benjamin, Walker)
Opposed: 2 (Kearn, Youngdahl)
Steven Sperling was not present for the vote.

RESULT: Motion Passed.

Dariella Rodriguez, LDA: Petition request for acceptance of IV sedation monitoring training prior to licensure

Licensee applied for allied sedation monitoring certification without having been granted licensure as a dental assistant. Licensee had submitted licensure paperwork and was allowed to take the allied sedation course without having obtained licensure.

Motion made to grant the variance request for Dariella Rodriguez to accept IV sedation monitoring training course that was taken prior to licensure.

MOTION: Neal Benjamin

SECOND: Paul Walker

VOTE: For: 6 (Rasmussen, Gesko, Wolff, Manahan, Benjamin, Walker)
Opposed: 2 (Kearn, Youngdahl)
Steven Sperling was not present for the vote.

RESULT: Motion Passed.

Kristie Tanner, Dental Assisting Applicant: Petition request for acceptance of IV sedation monitoring training prior to licensure.

Licensee applied for allied sedation monitoring certification without having been granted licensure as a dental assistant. Licensee had submitted licensure paperwork and was allowed to take the allied sedation course without having obtained licensure.

Motion made to grant the variance request for Kristie Tanner to accept IV sedation monitoring training course that was taken prior to licensure.

MOTION: Jake Manahan

SECOND: Douglas Wolff

VOTE: For: 8 (Rasmussen, Gesko, Wolff, Manahan, Benjamin, Walker, Youngdahl, Sperling)

Opposed: 1 (Kearn)

RESULT: Motion Passed.

Review of Action Items

The following list of action items was reviewed by the Board members:

1. Discuss Dr. Heinrichs' Allied Sedation Monitoring course regarding who the course is approved for (*Allied Dental Education Committee*)
2. Review IOPP and proposed revision (*Executive Committee and Bridgett Anderson, ED*)
3. Work on Emeritus status license (*Licensure & Credentials Committee*)
4. Work on additional CRDTS Deputy Examiner list and Metro State lesion approval (*Steven Sperling*)

5. Investigate batch email system for communicating with licensees (*Bridgett Anderson*)
6. Set up task force to discuss Prescription Monitoring Program (*Steven Sperling & Bridgett Anderson, ED*)
7. Schedule DT Program Review Committee Meeting (*Chair of DT Program Review Committee*)
8. Discuss questions from PSI regarding ADT exam (*Clinical Licensure Exam Committee*)
9. Work on rulemaking regarding final impressions (*Policy Committee*)
10. Work on rulemaking regarding continuing education requirement for infection control (*Professional Development Committee*)
11. Send out announcement regarding new Executive Director (*Steven Sperling, David Gesko, Joyce Nelson*)

RECESS

Motion made to recess the Public Board Meeting at 12:50 p.m. to reconvene in closed session for the Executive Board Meeting at 1:30 p.m.

MOTION: Paul Walker
SECOND: David Gesko
VOTE: For: 9
Opposed: 0
RESULT: Motion Passed.

**Minutes Approved by the Minnesota Board of Dentistry
this 15th day of April, 2016**

David Gesko, DDS, President

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PROFESSIONAL ASSOCIATION & DENTAL EDUCATION REPORTS

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UPDATE

Minnesota Dental Association

April 15th, 2016

Star of the North Conference 2016

The Minnesota Dental Association's Star of the North Meeting is the premier state dental meeting of the Upper Midwest. With over 80 continuing education seminars and an exhibit floor featuring over 250 innovative companies, the Star of the North Meeting provides current clinical and practice management information to the dental community. Seminars will be offered Thursday, April 28 to Saturday, April 30. The exhibit floor will be open Thursday thru Saturday. For the first time, the exhibit floor will be open for limited hours on Thursday, 11:30 AM to 3:30 PM for attendees to visit during the day.

A special invitation-only, Exhibit Hall Premiere Night will take place on Thursday, April 28 from 4:30 pm to 7:00 pm. Join us on Friday, April 29 in Roy Wilkins Auditorium for The BIG Party! Entertainment will be provided by "Hairball" and we hope to see you there!

Future Conference Dates--April 27-29, 2017 | April 26 - 28, 2018

2016 Mission of Mercy

The 2016 Mission of Mercy will be held on July 22nd-23rd, 2016 at Concordia College in Moorhead. Volunteer registration will be opening in April.

Give Kids a Smile

The two-day, statewide event was held Friday, Feb. 5, and Saturday, Feb. 6, 2016. There were 164 clinics hosting events to provide dental services to children in need. We are proud of the 1,800 + dental professionals who volunteered to provide care to over 3,200 children. A total of \$1,724,829 worth of care was delivered from the 137 practices that reported data.

2016 OneSmile Gala

The Minnesota Dental Foundation has confirmed the date of the second *OneSmile Gala*. The 2016 event will be held October 7th at the new US Bank Stadium in Minneapolis.

Last year's event was a success, with 222 supporters in attendance and raising over \$10,000 through the silent auction to support the work of the Minnesota Dental Foundation. The *vision* of the Minnesota Dental Foundation is to eliminate unmet oral health needs in Minnesota. The *mission* of the Minnesota Dental Foundation is to initiate and support programs that provide dental services to underserved populations and communities; encourage and support volunteerism within the profession; and promote careers in dentistry, especially in underserved areas.

UPDATE (Continued)

Dedicated to MN Dentists Loan Repayment Program

In 2015, 4 loan repayment grants were issued valued at \$200,000 each. Currently there are 3 applications under review for 2016.

Dedicated to Minnesota Dentists (DMD) is a competitive education loan repayment for service program for qualifying dentists jointly sponsored by the Delta Dental of Minnesota Foundation and the Minnesota Dental Foundation. DMD's purpose is to increase access to dental care for underserved patients by attracting qualified dentists to practice general dentistry in underserved areas of rural and urban Minnesota where there is a shortage of dental providers.

Report to the Board of Dentistry

March 18, 2016

ADAA held their 1st Virtual House of Delegates. MnDAA had eight delegates attend this via webinar. Overall, a very productive HOD and we will be doing this again next year.

Two of MnDAA members were voted in for positions on the ADAA Board of Trustees:

ADAA President Elect: Natalie Kaweckyj

ADAA 7th District Trustee: Kelli Olson

MnDAA is preparing for the Star of the North events and our 94th General Assembly. We will have an exhibit booth at the Star of the North, please stop by and visit with us.

Friday evening, April 29th, we will be holding our social event at the Big Party and Saturday April 30th will be our General Assembly meeting.

Our spring newsletter will be available on our website.

For more information please visit our website: www.mndaa.org or contact me at kelliolson84@gmail.com

Respectfully Submitted,



Kelli Olson, LDA, CDA
MnDAA President
ADAA 7th District Trustee

Minnesota Educators of Dental Assistants – MEDA

Report to the Minnesota Board of Dentistry

3/21/16

MEDA will be meeting during the Star of the North Dental Convention, 2016. At that meeting we will discuss the following:

1. Redefining delegated duties and core curriculum for Minnesota LDAs – with the possibility of “specialty certificates” and ideas for a transition to separation of hygiene duties and dental assisting duties.
2. Test scores on the new DASLE and Jurisprudence examinations.

Respectfully Submitted – Beth Rynders, LDA, CDA, RF, CRFDA, M.Ed

Contact:

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612-624-2424

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School of Dentistry website:
www.dentistry.umn.edu

Update for: Minnesota Board of Dentistry April 15, 2016

Sharing top honors.

The University of Minnesota, Minnesota State Colleges and Universities System, and the Minnesota Board of Dentistry were honored on March 15 for their efforts to advance dental therapy education in Minnesota and the U.S. Leon Assael, DMD (Dean, School of Dentistry), Colleen Brickle, EdD, RDH, RF (Health Sciences Dean at Normandale Community College) and Minnesota Board of Dentistry Past Presidents David Gesko, DDS, and Joan Shepherd, DDS, accepted the American Dental Education Association/Gies Foundation Award for *Outstanding Vision by a Public or Private Partner* at the 2016 ADEA Annual Session in Denver, Colorado. The Foundation also recognized School of Dentistry Professor Mark Herzberg, DDS, PhD, as the 2016 recipient of the Gies Award for *Outstanding Achievement by a Dental Educator*.

Patient communication in another language.

Students, staff and faculty are volunteering to learn common greetings and to understand some of the intricacies of communicating in another language at student-led language classes held over the noon hour. Dental, dental therapy and dental hygiene students who are native speakers of Somali, Hmong, Vietnamese, Arabic and Spanish are teaching a series of five classes in each language.

School of Dentistry partners with Walker Methodist to care for older adults.

A ribbon-cutting ceremony on March 10 officially launched an expanded Walker Methodist Dental Clinic that is designed for older adults living either independently or in long-term care facilities. Care is provided by School of Dentistry faculty dentists along with geriatric dental residents and senior dental/dental hygiene students who treat patients under faculty supervision by Mary Owen, DDS, MS, and Stephen Shuman, DDS, MS. Shuman led the clinic expansion in collaboration with Walker's leadership and dental team. The clinic will be home to the dental school's Oral Health for Senior Adults program.

School researcher helps identify mechanism and drug target that helps block HIV's ability to spread.

Lou Mansky, Ph.D. joined with U-M and Emory University researchers on a study that may lead to a more cost-effective option for HIV medication. The study identified that the nucleoside 5-aza-C blocked HIV's ability to spread and triggered a process that speeds up HIV mutations so much that the virus wore itself out. The study was posted online and will appear in the American Society for Microbiology's journal *Antimicrobial Agents and Chemotherapy* in April.

Division of Dental Hygiene selected to participate in pioneering *Writing-Enriched Curriculum (WEC) Project*.

The division is beginning to develop a plan and evaluation process for infusing writing and writing instruction into all undergraduate curricula.

New dental clinic opens at M Health Clinics and Surgery Center.

The School of Dentistry has a presence at the new M Health Clinics and Surgery Center (CSC) with the opening on February 22 of a six-chair dental clinic. CSC houses a wide range of specialty and general medical clinics, and is structured to promote and support interprofessional education and collaborative practice.

In-service program for all clinical faculty.

The Division of Operative Dentistry sponsored an in-service program for all clinical faculty to review prosthodontic standardization, Ribbond splinting, the future of dental amalgam, influence of technique on composite restoration quality, and root caries.

***Give Kids a Smile* drew huge crowds!**

More than 400 volunteers were on-hand to welcome 159 children and their families to the University of Minnesota Dental Clinics in Moos Tower on February 6 for free dental care at the school's 12th annual *Give Kids a Smile* event. Patients received an examination, radiographs and treatment plan, plus emergency and restorative care, prioritized to address the most critical needs first. A total of 693 procedures were performed, including fillings, endodontic procedures, cleanings, extractions, dean sealants, crowns and more. Students organized all aspects of the day, which was staffed by 340 dental/dental therapy/dental hygiene students (from all classes) and dental residents from the advanced education programs in endodontics and pediatric dentistry, plus 75 faculty and staff members. Included were several students from some of the University's health sciences education programs who hosted interactive displays in the reception area to entertain the children and to encourage interest in, and serve as role models for, careers in the health sciences professions.

At Rice Regional Dental Clinic in Willmar, nursing students joined the volunteer team of dental and dental hygiene students, faculty and area dentists

Clinical Grand Grounds.

Courses are offered October-December and February-April on the first Thursday of each month (6:30-8:00 p.m.) and are available via live web-cast to Bemidji, Cook, Duluth, Hibbing, Moorhead, and Willmar, MN, and Madison, WI. *2016 Schedule:* Dental Implants (Ranier Adarve) on April 7; Osteoporosis, Medications & Oral Health (Leon Assael) on October 6; Orthodontics (James Miller) on November 3; and Minimally Invasive Surgery (Mark Malterud) on December 1.

People

Leon Assael, DDS, CMM was elected 2016-17 chair-elect of the American Dental Education Association Board of Directors.

Aaron Henderson (D2) was elected vice-president of the American Student Dental Association (ASDA). Henderson previously served as ASDA district trustee, chapter publications co-chair, and chapter licensure chair. Additionally, he served as student district delegate to the Minnesota Dental Association's 2015 House of Delegates and was, for two years, his class representative to the association's New Dentist Committee.

Kristine Krafts, MD. was named a 2016 recipient of the all-University *Award for Outstanding Contributions to Postbaccalaureate, Graduate and Professional Education* and named to the University's Academy of Distinguished Teachers. Recognized for "perfecting the art of teaching complex medical concepts with simplicity, grace and humor...and for motivating her students and facilitating learning", Krafts teaches the dental school's General Histology and Pathology courses, and the Hormonal Medicine and Hematology courses at the Duluth Campus of the Medical School.

April 8, 2016

Advanced Dental Therapy and Dental Hygiene Programs

Cohort Four (C4):

C4 took the CRDTS examination late February and is busy completing their clinical requirements, outreach rotations and capstone projects. April 27th the students will be presenting their capstone projects at Normandale Community College to students, faculty and administrators. Graduation is scheduled for May 2nd. Students are either in negotiations or have taken positions across the state in various private practices and community clinics.

Cohort Five (C5):

(C5) will complete the first half of the MSADT program at the end of this month. They are busy working on clinical requirements and competencies and will graduate at the end of December. Thus far the change of requiring students to be full-time is increasing the number of hours per week that they are practicing and caring for patients.

Cohort Six:

The admissions process has been completed and acceptance letters have been sent to the next cohort of students who will begin the program in late August. There were twelve applicants for six positions and interviews were conducted the last week in March. There has been an increase of inquiries regarding the MS:ADT program

Dual Admission and Enrollment:

Metropolitan State University and Normandale Community College collaborated on an innovative curricular modification that prepares the dental hygiene workforce to better meet Minnesota's preventive and primary oral health care needs. Together these institutions identified the need to develop and implement an expedited, seamless and flexible pathway toward earning a baccalaureate degree simultaneously while enrolled in the associate dental hygiene degree program. In fall of 2016, M-State Moorhead and Lake Superior College will be implementing dual admission and enrollment.

Gies Award:

It was an honor and a privilege receiving the Gies Award with the University of Minnesota School of Dentistry and the Minnesota Board of Dentistry.

Submitted by:

Jayne Cernohous, DDS
Colleen M. Brickle RDH, RF, EdD

EXECUTIVE DIRECTOR'S REPORT



MINNESOTA BOARD OF DENTISTRY

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TO: Minnesota Board of Dentistry Members
SUBMITTED BY: Bridgett Anderson
DATE: April 15th, 2016
RE: **Executive Director's Report**

FINANCIAL: Budget reports included (see attachments).

The Health Licensing Boards have drafted language regarding requests for supplemental budgets this legislative session. There are ongoing budget concerns with regards to maintaining operational costs for FY2016/2017. Minnesota Board of Dentistry operational costs are sitting in an adequate position at this time, without the need to increase licensing fees again this year. However, there are areas of financial impact that will be of focus in FY2017 and looking forward to budget for FY18/19; overall salary increases (initial budget was 1.8 and the actual resulted in 2.5 % increase), Attorney General costs (although we are currently sitting under the budgeted amount for the year), MN-IT (State IT system), Prescription Monitoring Program (shared health board costs), professional technical services (consultants, experts) and travel expenses.

The previous Board of Dentistry funds for the management of the HPSP program will be reallocated to the MN Board of Physical Therapy, who is now managing the program. The Board of Dentistry will still contribute to the overall shared costs of the program operations, along with the other participating health boards.

The Board of Dentistry has contributed over \$742,000 to the e-surcharge fees for MNIT and, to date, have not been able to utilize any of the funding for IT needs. There are only a few Boards that have received funding back through collection of the surcharge. Along with being required to utilize MNIT for all of our IT services (in conjunction with our internal software GL Suite), we are required to purchase our laptop computers through arrangement with MNIT.

We have experienced a savings this fiscal year with regard to full time salary and are reviewing additional funds that are available for other current board needs; including GL Suite projects to assist with pre- license applications and computer/technology solutions to better streamline our process for committees, communications and complaint/ compliance process.

For FY17, we will be looking at other GL suite projects that need to be completed, including a system upgrade and possible implementation of PMP registration into licensing platform. We also have some grant funds available for the PMP implementation.

I will begin working with Juli Vangsness on budget planning for FY18/19 starting in June until August 15th. If the Board is considering any significant policy changes that will have fiscal impact it is recommended that we begin this conversation over the next few months for budget planning purposes.

STAFFING:

We would like to welcome a new team member, Ms. Carolyn Tanner, who started with the Board on March 29th. She is an administrative assistant for the Board, along with current team member Ms. Vicki Vang. We will also have a temporary administrative assistant working with the Board Complaint/ Compliance staff from end-April to June, to cover an employee leave.

Arranged one- on- one meetings and several team meetings staff members in February/March to get to know my new team. ***I would like to thank each member of my amazing team for assisting in my transition to the Board!***

CURRENT LEGISLATION OF INTEREST:

Health-related licensing boards prior appropriations modifications: [SF 2945](#) / [HF 2534](#). Appropriations that were previously designated to the Board of Dentistry for HPSP will be removed and reallocated to Board of Physical Therapy.

Health Professional License Modified (Suspension) MN Stat. 214: [SF 1521](#) / [HF1584](#). Changes to temporary suspension process and language.

Athletic Trainers Act Modified: [SF2609](#) / [HF 3038](#). Proposed language: An athletic trainer shall provide patient care under the direction of, on the prescription of, or in collaboration with a person: licensed to practice dentistry whose license is in good standing. Dentistry is just one of the licensed health occupations listed in this bill.

Prescription Monitoring Program Bill: [SF1440](#) / [HF1652](#). This would mandate all professionals with DEA licensure and the ability to prescribe controlled substances register for a PMP account. This would not require the mandated use of the PMP in order to prescribe.

Regulation by Occupational Boards: [SF3311](#) (No House Companion). This bill proposes new language in regard to additional oversight of occupational regulatory boards disciplinary actions by the Office of Administrative Hearings.

FUTURE LEGISLATION:

Currently we are not engaged in any active Rulemaking, however, several Committees are looking at possible rule changes and/or statutory changes in 2017. I would like to have Rulemaking considerations from any Board committees by July 2016 to ensure the timeliness of process for this year, as rulemaking changes take significant amount of time to fully implement.

A few committees have also considered statutory changes in which we need to be fully prepared prior to the start of legislative session 2017. These requests need to be completed, Board approved

and communicated by the October 2016 Board meeting. This allows us to be better prepared early on in legislative session 2017 and provide time to seek authors to support any statutory changes.

We will also need to consider any fiscal impact from our Rulemaking or Legislative efforts and be cognizant of this during the process. As a reminder, Statutory changes that will have impact on operational costs require a fiscal note.

MEETINGS ED PARTICIPATED:

2/16/16- HPSP Oversight Committee	3/11/16- CCA Committee and Special Board Meeting
2/18/16- CCB Meeting	3/22/16- CBC Oversight Committee
2/23/16- Allied Education Committee	3/24/16- CCB Committee
2/25/16- Special Board Meeting	3/28/16- Joint Complaint Committee Meeting
2/26/16- ED Policy Committee	3/28/16- Zumbro Valley Dental Society Meeting- Speaker Dr. Leon Assael
3/1/16- ED Forum	3/29/16- Executive Committee Meeting
3/3/16- DT Program Review Committee	4/5/16- Policy Committee Meeting
3/8/16- CBC Oversight Committee	4/6/16- ED Forum
3/9/16- Policy Committee	
3/10/16- Licensure & Credential Committee	

INFECTION CONTROL

The CDC has released [new guidance](#) for dental practices for infection control programs and the prevention of infectious disease in dental settings. I highly recommend that Board members become familiar with the guidance materials, as we require licensees to comply with CDC guidelines for infection control. [Ref MN Rules 6950.1030](#).

At the direction of the Board, we have initiated Rulemaking change regarding Professional Development and requirement for infection control education. After Rulemaking has been completed, it would stand alone as a mandatory educational requirement similar to CPR. It will no longer be a choice subject area in the CORE continuing education requirements. [Ref MN Rules 3100.5100](#).

BOARD OF DENTISTRY ACTUAL RECEIPT REPORT

MARCH 2016

	REVENUE SOURCE CODE #	CURRENT REVENUE BUDGET	ESTIMATED UNCOLLECTED RECEIPTS	1ST QUARTER RECEIPTS	2ND QUARTER RECEIPTS	3RD QUARTER RECEIPTS	4TH QUARTER RECEIPTS	TOTAL YR TO DATE RECEIPTS	% RECEIPTS OF TOTAL BUDGET
Credit Card Clearing	553094	\$0.00	(\$2,528.23)	\$2,463.35	\$557.77	(\$492.89)	\$0.00	\$2,528.23	Not Budgeted
H7F Firm Initial/Renewal Repor	608253	\$25,000.00	(\$1,500.00)	\$1,100.00	\$21,050.00	\$4,350.00	\$0.00	\$26,500.00	106.00%
Resident Provider Renewal	620330	\$3,000.00	\$2,764.00	\$236.00	\$0.00	\$0.00	\$0.00	\$236.00	7.87%
Faculty DDS Renewal	620331	\$6,590.03	\$4,050.03	\$2,115.00	\$0.00	\$425.00	\$0.00	\$2,540.00	38.54%
Resident Provider License	620332	\$2,750.00	\$1,980.00	\$385.00	\$223.00	\$162.00	\$0.00	\$770.00	28.00%
Faculty DDS License	620333	\$420.00	\$420.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
Dentist License Renewal	620335	\$887,710.15	\$278,950.15	\$195,157.00	\$199,453.00	\$214,150.00	\$0.00	\$608,760.00	68.58%
Dentists License Rnwl Penalty	620336	\$7,560.00	\$2,815.50	\$1,786.25	\$2,058.25	\$900.00	\$0.00	\$4,744.50	62.76%
Dentistry Licensure/Exam	620337	\$23,800.00	\$10,950.00	\$4,275.00	\$4,160.00	\$4,415.00	\$0.00	\$12,850.00	53.99%
Dentistry Licnr/Credentials	620338	\$7,250.00	\$725.00	\$725.00	\$2,175.00	\$3,625.00	\$0.00	\$6,525.00	90.00%
Dentistry Reinsmnt of License	620339	\$700.00	\$140.00	\$140.00	\$280.00	\$140.00	\$0.00	\$560.00	80.00%
Dentist Prior Year Renewal	620340	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Not Budgeted
Dentist Prior Year Penalty	620341	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Not Budgeted
Duplicate Certificate	620342	\$17,200.00	\$1,065.00	\$5,010.00	\$5,570.00	\$5,555.00	\$0.00	\$16,135.00	93.81%
Duplicate License	620343	\$42,000.00	\$5,915.00	\$11,495.00	\$12,210.00	\$12,380.00	\$0.00	\$36,085.00	85.92%
Dentistry Misc Fees	620344	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Not Budgeted
Dental Hygiene Lic Rnwl	620345	\$417,185.59	\$123,617.59	\$88,524.00	\$93,414.00	\$111,630.00	\$0.00	\$293,568.00	70.37%
Dental Hygiene Lic Rnwl Pen	620346	\$3,864.50	\$1,262.50	\$826.00	\$988.50	\$787.50	\$0.00	\$2,602.00	67.33%
Dental Hygiene Licensure/Ex	620347	\$12,650.00	\$5,225.00	\$2,805.00	\$550.00	\$4,070.00	\$0.00	\$7,425.00	58.70%
Dental Hygiene Licnr/Cred	620348	\$1,750.00	\$175.00	\$700.00	\$175.00	\$700.00	\$0.00	\$1,575.00	90.00%
Dental Hygiene Reinstmt/Lic	620349	\$330.00	\$220.00	\$55.00	\$55.00	\$0.00	\$0.00	\$110.00	33.33%
Dental Hygiene Prior Yr Rnwl	620350	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Not Budgeted
Dental Hygiene Prior Yr Pen	620351	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Not Budgeted
License Verification	620352	\$50.00	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
Licensed Dental Assist Renewal	620353	\$408,662.75	\$128,012.75	\$80,830.00	\$92,270.00	\$107,550.00	\$0.00	\$280,650.00	68.68%
Lic Dental Assist Rnwl Penalty	620354	\$6,000.00	\$1,295.00	\$1,775.00	\$1,445.00	\$1,485.00	\$0.00	\$4,705.00	78.42%
Lic Dental Assist Init Reg	620355	\$15,400.00	\$2,200.00	\$6,600.00	\$3,575.00	\$3,025.00	\$0.00	\$13,200.00	85.71%
Misc Lns Receipts:Dentistry	620356	\$25,000.00	\$10,409.00	\$6,392.50	\$6,498.50	\$1,700.00	\$0.00	\$14,591.00	58.36%
Lic Dental Assist Reinst	620357	\$1,100.00	\$650.00	\$220.00	\$90.00	\$140.00	\$0.00	\$450.00	40.91%
Lic Dental Assist Pr Yr Rnwl	620358	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Not Budgeted
Lic Dental Assist Pr Yr Penalt	620359	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Not Budgeted
CDE Sponsor Renewal	620360	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Not Budgeted
CDE Sponsor Initial Apprvl	620361	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Not Budgeted
Guest Licensure	620362	\$1,750.00	\$400.00	\$0.00	\$1,200.00	\$150.00	\$0.00	\$1,350.00	77.14%
Generl Anesthesia-Sedation App	620363	\$7,800.00	(\$7,775.00)	\$5,500.00	\$7,800.00	\$2,275.00	\$0.00	\$15,575.00	199.68%
Gen Anesthesia-Sedation Renew	620364	\$40,625.00	\$6,625.00	\$9,625.00	\$9,425.00	\$14,950.00	\$0.00	\$34,000.00	83.69%
Gen Anesthesia-Sedat Dup Cert	620365	\$2,110.00	\$200.00	\$800.00	\$520.00	\$590.00	\$0.00	\$1,910.00	90.52%
Credential Review Fee	620366	\$200.00	\$200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
Ltd Gen Lic Initial App	620367	\$140.00	\$0.00	\$0.00	\$140.00	\$0.00	\$0.00	\$140.00	100.00%
Limited Generl Lic Renew Fee	620368	\$155.00	(\$155.00)	\$0.00	\$155.00	\$155.00	\$0.00	\$310.00	200.00%
Limited General Lic Late Fee	620369	\$77.50	\$77.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
Recertific-General Anesthesia	620370	\$500.00	\$0.00	\$500.00	\$0.00	\$0.00	\$0.00	\$500.00	100.00%
Gen Anesthesia/Sed-Late	620371	\$1,250.00	\$800.00	\$125.00	\$0.00	\$325.00	\$0.00	\$450.00	36.00%
Dental Therapist Initial	620372	\$1,298.00	\$698.00	\$100.00	\$0.00	\$500.00	\$0.00	\$600.00	46.22%
Dental Therapist Renewal	620373	\$7,200.00	\$3,740.00	\$1,060.00	\$1,000.00	\$1,400.00	\$0.00	\$3,460.00	48.06%
Dental Therapist Late Fee	620374	\$45.00	\$45.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
Dent Therap Reinstatement Fee	620375	\$85.00	\$85.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
Advanced Dental Therapist Appl	620376	\$1,500.00	\$300.00	\$400.00	\$0.00	\$800.00	\$0.00	\$1,200.00	80.00%
Failed Audit Fee	620377	\$0.00	(\$1,000.00)	\$0.00	\$250.00	\$750.00	\$0.00	\$1,000.00	Not Budgeted
Dental Lab Initial App Fee	620378	\$250.00	(\$450.00)	\$250.00	\$200.00	\$250.00	\$0.00	\$700.00	280.00%
Dental Lab Renewal Fee	620379	\$600.00	\$500.00	\$50.00	\$50.00	\$0.00	\$0.00	\$100.00	16.67%
H7F Temporary Military Permit	644074	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Not Budgeted
Adv Dental Therapy Exam Fee	648748	\$5,000.00	\$1,500.00	\$0.00	\$0.00	\$3,500.00	\$0.00	\$3,500.00	70.00%
Corporation Renewal Late Fee	648749	\$2,000.00	\$995.00	\$0.00	\$0.00	\$1,005.00	\$0.00	\$1,005.00	50.25%
TOTAL REVENUE		\$1,988,558.52	\$585,648.79	\$432,025.10	\$467,538.02	\$503,346.61	\$0.00	\$1,402,909.73	70.55%
FUND 2000									
Criminal Background Fee	620380	\$10,000.00	(\$6,680.00)	\$7,193.25	\$3,475.00	\$6,011.75	\$0.00	\$16,680.00	166.80%
TOTAL REVENUE		\$10,000.00	(\$6,680.00)	\$7,193.25	\$3,475.00	\$6,011.75	\$0.00	\$16,680.00	166.80%

Prepared by: Administrative Services Unit/ JV

04/08/16

File Name: FY16 Dent Revenues

FY 2016

BOARD OF DENTISTRY

Paid Thru 03/31/16

Payroll Paid Thru 03/18/16

AGO's Paid Thru 02/23/16

MARCH 2016

	ORIGINAL BIENNIAL BUDGET	CURRENT ANNUAL BUDGET	AVAILABLE BALANCE	1ST QUARTER EXPENDED	2ND QUARTER EXPENDED	3RD QUARTER EXPENDED	4TH QUARTER EXPENDED	TOTAL YR TO DATE EXPENDED	% SPENT OF TOTAL BUDGET	SYSTEM PROJECTION- ENCUMBERED
DIRECT COSTS										
FULL - TIME SALARY	\$896,346.00	\$807,346.00	\$0.00	\$130,865.49	\$179,173.86	\$163,585.09	\$0.00	\$473,624.44	58.66%	\$333,721.56
PART-TIME, SEASONAL	\$32,288.00	\$37,288.00	\$0.00	\$14,696.59	\$10,920.24	\$3,723.98	\$0.00	\$29,340.81	78.69%	\$7,947.19
OVER-TIME PAY	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Not Budgeted	\$0.00
OTHER BENEFITS- PER DIEMS	\$56,000.00	\$56,000.00	\$0.00	\$12,907.00	\$3,989.00	\$12,675.00	\$0.00	\$29,571.00	52.81%	\$26,429.00
SPACE RENTAL, MAINT & UTIL	\$78,511.00	\$78,511.00	\$572.98	\$19,086.57	\$19,218.15	\$20,004.97	\$0.00	\$58,309.69	74.27%	\$19,628.33
PRINTING & ADVERTISING	\$12,000.00	\$15,150.05	(\$4,202.87)	\$2,139.28	\$3,620.11	\$5,469.61	\$0.00	\$11,229.00	74.12%	\$8,123.92
PROF/TECH SERVICES	\$22,000.00	\$62,590.00	\$26,850.00	\$488.75	\$1,105.00	\$7,120.00	\$0.00	\$8,713.75	13.92%	\$27,026.25
COMPUTER/SYSTEM SERVICE	\$3,000.00	\$4,000.00	\$0.00	\$290.85	\$295.05	\$3,338.25	\$0.00	\$3,924.15	98.10%	\$75.85
COMMUNICATIONS	\$26,000.00	\$19,000.00	\$729.60	\$457.57	\$4,806.30	\$3,097.71	\$0.00	\$8,361.58	44.01%	\$9,908.82
TRAVEL, IN STATE	\$26,000.00	\$29,343.18	\$566.08	\$3,114.59	\$8,064.02	\$6,454.07	\$0.00	\$17,632.68	60.09%	\$11,144.42
TRAVEL, OUT STATE	\$27,000.00	\$27,000.00	\$8,324.80	\$24.00	\$5,202.36	\$2,337.29	\$0.00	\$7,563.65	28.01%	\$11,111.55
EMPLOYEE DEVELOPMENT	\$12,000.00	\$14,120.00	\$115.00	\$1,818.00	\$2,785.00	\$1,770.00	\$0.00	\$6,373.00	45.13%	\$7,632.00
ST AGY PROVIDED PROF/TECH	\$18,000.00	\$20,000.00	\$0.00	\$256.00	\$746.00	\$4,824.00	\$0.00	\$5,826.00	29.13%	\$14,174.00
CENTRALIZED IT SERVICES	\$61,000.00	\$70,000.00	\$0.00	\$0.00	\$0.00	\$1,389.83	\$0.00	\$1,389.83	1.99%	\$68,610.17
SUPPLIES	\$22,413.00	\$52,048.11	\$43,069.22	\$1,661.38	\$2,040.08	\$1,263.78	\$0.00	\$4,965.24	9.54%	\$4,013.65
EQUIPMENT	\$5,000.00	\$5,000.00	\$1,124.97	\$648.81	\$966.45	\$1,288.60	\$0.00	\$2,903.86	58.08%	\$971.17
REPAIRS, MAINTENANCE	\$5,000.00	\$5,000.00	\$3,035.13	\$1,962.21	\$0.00	\$0.00	\$0.00	\$1,962.21	39.24%	\$2.66
OTHER OPERATING COSTS	\$25,442.00	\$25,442.00	\$6,993.34	\$4,274.57	\$2,371.30	\$2,781.61	\$0.00	\$9,427.48	37.05%	\$9,021.18
EQUIPMENT - NON CAPITAL	\$0.00	\$161.66	\$0.00	\$161.66	\$0.00	\$0.00	\$0.00	\$161.66	100.00%	\$0.00
TOTAL OPERATION COSTS	\$1,328,000.00	\$1,328,000.00	\$87,178.25	\$194,853.32	\$245,302.92	\$241,123.79	\$0.00	\$681,280.03	51.30%	\$559,541.72
DENTISTRY RETIREMENT										
OTHER BENEFITS- PER DIEMS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Not Budgeted	\$0.00
TOTAL DENTISTRY RETIREMENT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Not Budgeted	\$0.00
DENTISTRY CRIMINAL BACKGROUND CHECK - FUND 2000 - H7F9210										
ST AGENCY PROV PROF TECH SER	\$10,000.00	\$15,903.50	\$2,802.75	\$2,258.75	\$7,506.00	\$3,336.00	\$0.00	\$13,100.75	82.38%	\$0.00
TOTAL CRIMINAL BACKGROUND CHECK	\$10,000.00	\$15,903.50	\$2,802.75	\$2,258.75	\$7,506.00	\$3,336.00	\$0.00	\$13,100.75	82.38%	\$0.00
INDIRECT COSTS										
ADMIN. SERV. UNIT	\$65,000.00	\$74,937.32	\$32,370.34	\$11,036.89	\$19,787.13	\$11,742.96	\$0.00	\$42,566.98	56.80%	
HEALTH PROFESS SERV PROG	\$20,000.00	\$20,000.00	(\$8,498.54)	\$9,010.98	\$11,899.93	\$7,587.63	\$0.00	\$28,498.54	142.49%	
ATTORNEY GENERAL	\$310,000.00	\$310,000.00	\$182,119.70	\$38,393.20	\$46,641.30	\$42,845.80	\$0.00	\$127,880.30	41.25%	
STATEWIDE INDIRECT	\$15,000.00	\$14,497.33	\$3,624.34	\$3,624.33	\$0.00	\$7,248.66	\$0.00	\$10,872.99	75.00%	
VOLUNTEER HEALTH CARE PROV	\$20,000.00	\$20,000.00	\$20,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	
PRESCRIPTION ELECT REPORTING	\$53,000.00	\$50,179.69	\$24,711.07	\$5,888.02	\$8,742.01	\$10,838.59	\$0.00	\$25,468.62	50.75%	
CRIMINAL BACKGROUND CHECK	\$39,000.00	\$39,000.00	\$34,641.51	\$1,233.35	\$1,723.82	\$1,401.32	\$0.00	\$4,358.49	11.18%	
HIV/HBV DEPT OF HEALTH	\$3,000.00	\$3,000.00	\$1,779.42	\$334.47	\$602.20	\$283.91	\$0.00	\$1,220.58	40.69%	
TOTAL INDIRECT COSTS	\$525,000.00	\$531,614.34	\$290,747.84	\$69,521.24	\$89,396.39	\$81,948.87	\$0.00	\$240,866.50	45.31%	
ACTUAL TOTAL RECEIPTS - FUND 1201	\$1,981,558.52	\$1,981,558.52	\$578,648.79	\$432,025.10	\$467,538.02	\$503,346.61	\$0.00	\$1,402,909.73	70.80%	
ACTUAL TOTAL RECEIPTS - FUND 2000	\$10,000.00	\$10,000.00	(\$6,680.00)	\$7,193.25	\$3,475.00	\$6,011.75	\$0.00	\$16,680.00	166.80%	
BALANCE FORWARD CBC-FUND 2000	\$0.00	\$903.50	\$903.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	
TOTAL DIRECT & INDIRECT COSTS-FUND 1201	\$1,853,000.00	\$1,859,614.34		\$264,374.56	\$334,699.31	\$323,072.66	\$0.00	\$922,146.53	49.59%	\$559,541.72
TOTAL DIRECT & INDIRECT COSTS-FUND 2000	\$10,000.00	\$15,903.50		\$2,258.75	\$7,506.00	\$3,336.00	\$0.00	\$13,100.75	82.38%	\$0.00
SURPLUS (SHORTFALL) - FUND 1201	\$128,558.52	\$121,944.18		\$167,650.54	\$132,838.71	\$180,273.95	\$0.00	\$480,763.20	394.25%	
SURPLUS (SHORTFALL) - FUND 2000	\$0.00	(\$5,000.00)		\$4,934.50	(\$4,031.00)	\$2,675.75	\$0.00	\$3,579.25	Not Budgeted	

COMMITTEE REPORTS

Presidents Report-Board of Dentistry Meeting

It is with great anticipation that I look forward to presiding over the activities of the Board of Dentistry this year. We have a host of opportunities that have presented themselves for making positive changes in the way the board functions. We have new leadership in the Executive Director position with the hiring of Bridgett Anderson. She comes to us with a wealth of experience in many of the areas that the board needs expertise. We have also hired new administrative staff to replace some of our highly skilled people that have moved on to other opportunities. There has been and will continue to be transition over the next few months.

I would be remiss if I did not take the time to give sincere appreciation and thanks to Joyce Nelson who served as Interim Executive Director during the time the search for our new Executive Director was progressing. Due to her experience and leadership the duties of the board were well managed and we did not miss a beat. We also wish to thank the rest of the staff for being patient and understanding and continuing to function in the midst of change. With change comes opportunity!

With this transition, we are given a chance to step back and examine how things are being done. Be assured we are looking at the policies and procedures very carefully. We are updating our IOPP to reflect changes that have occurred as well as making it reflect more closely how operations are performed within the Board internal systems. This examination will be completed during the second and third quarter of the year in time for the first board meeting of 2017, coinciding with installation of officers. We will also be examining our rules and statutes and likely be bringing forth some changes we will recommend to the Legislature.

We will also be looking at ways to expedite our processing for incoming complaints. It is our responsibility to continue to respond to complaints in an efficient and timely manner. We continue to highlight the services provided by the Prescription Monitoring Program (PMP), which support our profession's efforts to curb the epidemic of opioid abuse and diversion. It will become a standard practice to register for the PMP when applying for license renewal.

In summary, we are charting a new course, looking toward the horizon and have our hand firmly on the rudder. The crew is ready, willing, and able. **Full Steam Ahead!**

POLICY COMMITTEE REPORT FOR BOARD MEETING APRIL 15, 2016

The Policy Committee has been slowly and methodically moving forward on the following issues:

Infection Control

The infection control goals and time line for accomplishing the goals was set forth and presented at the January Board meeting. Due to cost constraints with our IT budget and implementation of the attestation while relicensing, this will be postponed at this time. The rest of the intended projects are moving forward per the proposed timeline.

Silver Diamine Fluoride

Silver Diamine Fluoride is considered as fluoride and, per our allowed delegation to allied staff, would apply under the supervision requirements for other fluorides in the area of desensitization. However, the consideration of the off label use for the “treatment and arresting of decay” appears to fall under care which would require a diagnosis by a dentist prior to treatment.

The Attorney General Office reviewed this issue and reiterated that if the Board pursues this further, the decision would be on the Board to distinguish the use. Current statutes do not elaborate on the types of topical agents or fluoride that can be used by allied staff, rather a general category. They also do not distinguish what the product does or does not do. Rather, they refer to the application.

If the Board would like to categorize the use of this product for “caries arrest”, which is not how the language reads for typical “fluoride” products, this would be something that would have to be changed or defined further in laws.

As a side note I want to caution the practicing community that proper informed consent will be crucial with the use of this product due to the interim outcome expected along with the aesthetic concerns. I have attempted to develop a guideline for the record keeping requirements that might apply to the use of SDF. I intended it for discussion purposes. I have included this on the second page of this report.

Dental Service Organizations

In the area of DSO's, all parties who have come to the table to discuss the matter have been heard. In my opinion, a thorough understanding of our laws as they apply to the management of a dental practice and outside influence from others on clinical matters is understood. We have also discussed that the power of the Board of Dentistry to investigate a suspected deviation from these laws comes through the formal complaint process.

Neal Benjamin DDS MAGD FACD
Chair Policy Committee

Silver Diamine Fluoride-Interim Arresting of Dental Caries

The use of silver nitrate for the arresting of dental caries is not new. Research of the literature will find usage going back to the mid 1800's. As philosophies changed and the use of anesthetics for the surgical correction of decay came into favor, the standard of care shifted.

So why are we reinventing the wheel? As a profession and a society there is an argument that we are failing to meet the needs of society. I will let the ethicists and politicians argue their positions. I will attempt to share the discussions the Minnesota Board of Dentistry has had regarding this product and its use.

FDA has approved this material, the CDT has established a code under which this can be documented and my understanding is that the Department of Health has agreed to pay for the procedure. Initial review of the statute and rule indicates that this product falls into a category that allows auxiliaries to apply this to patients with the proper supervision. If I were to review a record I would be looking for the following steps:

1. That the correct supervision was in place or a collaborative agreement was in affect,
2. That the diagnosis was made by a dentist,
3. That the prescription for the materials was authorized by the dentist,
4. That adequate informed consent was provided,
5. That the phrasing of interim/preventative intervention is the intent,
6. That referral for definitive care was made,
7. That a follow up monitoring appointment was presented.

In my research I have found the following information:

Product/Device	Diamine Silver Fluoride Dental Hypersensitivity Varnish
Description	Cavity varnish
Definition	Applied to tooth enamel to block dentinal tubules for the purpose of reducing sensitivity
Method	Precipitates upon application resulting in a physical blockage of dentinal tubules

Product Name Advantage Arrest (Silver Diamine Fluoride 38%)

FDA Clearance is for —hypersensitivity

Off label use——caries treatment

I will not go into a lengthy description of how it works, I will leave that to the researchers and educators. I will only include the following as it leads into part of the discussion.

It is the silver that acts as an antimicrobial. It denatures the proteins breaking down cell walls. The affected dentin forms a protective layer that is acid resistant and may penetrate as far as 50 microns. It resists demineralization. It is proven to arrest caries with repeat application. It arrests caries with a single application, but repeat is preferred.

Because this is an off label use of a drug it will be important to document in your record why this is being used versus a conventional surgical approach. I attempted to think of a few and will list them only for discussion purposes.

1. Behavior management
2. Follow up to initial medical care resulting is severe xerostomia
3. Time constriction
4. Difficult case
5. Only economical alternative to no care

The Minnesota Board of Dentistry has always considered access to care as one of our highest priorities. While our main charge is that of public protection, we believe access to care is part of public protection and that there is a portion of our population who for whatever reason do not utilize dentistry in its conventional form and for which alternative solutions must be pursued.

Initially presented in draft form for review and reflection

2/19/2016

Neal Benjamin DDS MAGD FACD

Chair Policy Committee

Member Minnesota Board of Dentistry

Note to reviewers:

1. We could put the CDT code into the article
2. We could expand on purposes for off able useage
3. I did not want to go into a complex discussion of the staining, etc. as I did not think that was the purpose of the article.
4. All suggestions welcome

Thanks to all

Neal

Sedation Committee

The sedation committee met on March 15, 2016. The committee has adopted several checklists to aid in the inspection process. Inspectors are also to include 3 mock emergency scenarios during their inspection. We are meeting later this month to discuss the recordkeeping rule including pre and post-op vitals and the discharge of patients. Also, we continue to discuss the need for a time-oriented anesthesia monitoring record. We are awaiting the ADA's meeting on their proposed sedation guideline. Lastly, we have incorporated wrongful event protocol samples to be considered by the sedation provider for their self-evaluation forms.

**2015 LICENSURE STATISTICS FROM
1/1/2016 THROUGH 4/1/2016
AS REPORTED ON APRIL 15, 2016**

Submitted by:
Joyce Nelson
Director of Licensing

Licensure Statistics:

License Type	Jan1- April 1
General Dental	14
Specialist	2
Guest Dentist	0
Full Faculty	0
Limited Faculty	0
Resident	1
Volunteer Guest Dental	0
Resident Dental Therapist	0
Dental Therapist	4
Dental Hygienist	30
Guest Dental Hygienist	0
Volunteer Dental Hygiene	0
Dental Assistant	32
Guest Dental Assistant	0
Limited License w/ Permit	0
Limited General Dental	0

Reinstatement Statistics:

January – April 1, 2016

License Type	2016
Dentist	1
Dental Assistant	3
Dental Hygienist	0

Dental Labs Registered:

152

Termination Statistics:

License Type	2016 Terms	
	Voluntary	Administrative
General Dental	15	18
Specialist	1	1
Guest Dentist	0	3
Full Faculty		
Limited Faculty		
Limited General License		
Resident Dentist		
Resident Dental Therapist		
Dental Therapist		
Dental Hygienist	29	17
Guest Dental Hygienist		
Dental Assistant	8	50
Guest Dental Assistant		
Limited License w/ Permit		

Certifications:

<u>Type</u>	Jan-April	Totals
Allied Sedation	31	456
Restorative Function	0	680
Advanced Dental Therapy	8	21
Moderate Sedation	1	127
Contracting w/ Sedation Provider	6	86
Deep Sedation	0	148
Nitrous Oxide	90	10,971

MINNESOTA BOARD OF DENTISTRY
COMPLAINT UNIT REPORTS
for Board Meeting of April 15, 2016

1. & 2. Complaint Committee Meetings

Summary reports of the monthly meetings of each of the two committees for the first quarter of 2016 are attached.

3. Statistics

a) Complaints - A total of **59** complaints have been received as of March 31, 2016.

b) Public Actions:

Disciplinary actions = **13**
(see TYPES in table at right)

Corrective actions = **7**

TYPE of disciplinary actions	# Licensees
CONDITIONAL	3
REVOCATION	2
STIP TO CEASE, then RESCIND (non-disciplinary, but public action)	1
SUSPENSION (per MN Dept. of Revenue)	1
TEMPORARY SUSPENSIONS, then STAYED SUSPENSION & CONDITIONAL (1 also had LIMITATIONS placed on license)	2
UNCONDITIONAL	4

4. Complaint Processes

The **Joint Complaint Committee Meeting** was held on **Monday, March 28, 2016**. The Minutes of the meeting will be available for a future Joint CC meeting (date to be determined). The significant items from the meeting are summarized below.

- There have been no cases of lapsed licenses yet for 2016
- Options for notifying individuals about pending license expiration, beyond the measures currently being used, were discussed for consideration.
- A motion was passed, related to the applying administrative fines for license lapses, to delegate to the Executive Committee the review of the viability of statutory change.
- There has been an increase in the number of complaints relating to CPR certification (lapses and incorrect course) since the April 2015 rule change. The violations are revealed through the Professional Development Audit process, but also through other means.
- A motion was made to restructure the Licensure and Credentials Committee (hereinafter "L&C"). A newly appointed public member would be assigned to L&C.
- A motion passed for the Executive Committee to look into a hub-based system. Until such a system is in place, flash drives are to be sent through the post office on Thursdays.
- Allegation checklists were developed by Board staff member Kathy Johnson for use by Board consultants, members, and staff.
- Complaint Committee (hereinafter "CC") members and AG attorneys encouraged the CC's to provide direction for the scope of investigations.
- The work of consultants Linda Boyum, LDA, Paul Kukla, DMD, and Joan Sheppard, DDS was recognized as helpful to the CC's.
- CC members requested an updated version of remedy options.
- The CC's discussed ways to promote privacy and propriety for licensees presenting for conferences, as they relate to the Board office's waiting area environment and the protocols for greeting licensees, and their attorneys when represented.

Mary Liesch
Director of Complaints & Compliance



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COMPLAINT COMMITTEE A MEETING REPORT

Meeting date and time	January 8, 2016 8:00 a.m. - 3:30 p.m.
Members Present	Nancy Kearn, D.H., Allen Rasmussen, M.S., Steven Sperling, D.D.S. <i>Neal Benjamin, D.D.S. (absent)</i>
Compliance Reviews	No Compliance Items were reviewed at this meeting
Complaint Reviews	Thirteen complaint files were reviewed. Multiple files were closed and others were identified as needing an Agreement for Corrective Action, or a conference to be scheduled in the future.
Conferences	Two disciplinary conferences and one informational conference were held.
Case Reviews	Ten case reviews were conducted. Several cases were identified as needing a conference or review at a future meeting. Others were identified as requiring follow-up by the AGO or Board staff.

Meeting date and time	February 5, 2016 8:00 a.m. - 3:30 p.m.
Members Present	Neal Benjamin, D.D.S., Nancy Kearn, D.H., Allen Rasmussen, M.S., Steven Sperling, D.D.S.
Compliance Reviews	Five compliance cases were reviewed.
Complaint Reviews	Fifteen complaint cases were reviewed. Several were closed and others were identified as requiring a conference or follow-up by Board staff.
Conferences	Two informational conferences were held.
Case Reviews	Ten case reviews were conducted. Cases were identified as requiring review at a later date. Other cases were identified as needing expert review and others were identified as needing a conference in the future. Several cases were closed.

Meeting date and time	March 11, 2016 8:00 a.m. – 4:30 p.m.
Members Present	Steven Sperling, D.D.S., Neal Benjamin, D.D.S. <i>Nancy Kearn, D.H. (Absent) & Allen Rasmussen, M.S. (Absent)</i>
Compliance Reviews	Five compliance cases were reviewed.
Complaint Reviews	Seventeen complaint cases were reviewed at this meeting. Several cases were closed and others were identified as requiring a conference in the future. Multiple cases were identified as requiring an Agreement for Corrective Action.
Conferences	One disciplinary and one informational conferences were held.
Case Reviews	Five case reviews were conducted. Several cases were closed and others were identified as requiring an Order or scheduled for a conference in the future.



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COMPLAINT COMMITTEE B MEETING REPORT

Meeting date and time	January 21, 2016 8:00 a.m. – 2:30 p.m.
Members Present	Teri Youngdahl, L.D.A., John Manahan, J.D., Douglas Wolff, D.D.S. David Gesko, D.D.S.
Compliance Reviews	Two compliance cases were reviewed.
Complaint Reviews	Six complaint cases were reviewed. Several cases were closed and others were identified as requiring additional follow-up by staff or needing a conference.
Conferences	Two disciplinary conferences were held.
Case Reviews	Nine case reviews were conducted. Cases were identified as needing a conference and others were identified as requiring a conference.

Meeting date and time	February 18, 2016 7:00 a.m. – 9:30 p.m.
Members Present	Teri Youngdahl, L.D.A., John Manahan, J.D. David Gesko, D.D.S., Douglas Wolff, D.D.S.
Compliance Reviews	Two compliance cases were reviewed
Complaint Reviews	Thirteen complaints were reviewed. Several cases were closed and others were identified as requiring a conference or additional information/investigation by AGO.
Conferences	One disciplinary conference was held.
Case Reviews	Nine case reviews were conducted. Some cases were identified as requiring a conference. Several cases were closed and others required additional information be obtained.
Mediation	One mediation session was held on this date.

Meeting date and time	March 24, 2016 8:00 a.m. – 3:30 p.m.
Members Present	Teri Youngdahl, L.D.A., John Manahan, J.D. David Gesko, D.D.S., Douglas Wolff, D.D.S.
Compliance Reviews	Four compliance cases were reviewed
Complaint Reviews	Twenty-two complaints were reviewed. Multiple cases were closed and others were identified as requiring investigation or additional information to be obtained by Board staff.
Conferences	One disciplinary conference and one informational conference was held.
Case Reviews	Seven case reviews were conducted. Updates on several cases were provided by Board staff and AGO. One matter was closed.

Minnesota Board of Dentistry
COMPLAINT STATISTICS

(N = Number of complaints)

(updated 03/31/2016)

	'93	'94	'95	'96	'97	'98	'99	'00	'01	'02	'03	'04	'05	'06	'07	'08	'09	'10	'11	'12	'13	'14	'15	'16
Jan	32	19	19	27	11	11	12	20	15	17	22	20	15	15	29	18	15	9	20	15	29	28	30	19
Feb	33	29	23	31	21	18	16	15	17	12	24	21	23	19	18	30	33	15	13	26	34	23	19	16
Mar	27	25	25	23	21	13	25	29	16	16	21	35	38	27	14	26	23	31	22	47	34	23	29	24
Apr	37	20	18	18	16	18	24	23	27	21	15	33	32	29	16	17	27	12	19	13	38	24	28	
May	29	26	25	15	22	17	20	22	22	16	20	19	23	17	19	20	20	20	32	35	16	16	13	
Jun	28	21	17	8	12	16	13	23	16	17	18	20	26	43	20	10	20	19	22	16	10	27	10	
Total=	186	140	127	122	103	93	110	132	113	99	120	148	157	150	116	121	138	106	128	152	161	141	129	59
Jul	24	28	16	20	10	18	12	16	20	16	19	21	6	35	20	17	29	27	8	30	24	26	25	
Aug	19	19	19	11	14	17	21	22	30	27	20	15	21	37	18	22	17	18	19	19	19	24	17	
Sep	28	28	18	15	18	21	21	15	22	20	25	20	10	29	19	21	18	17	21	9	17	18	19	
Oct	20	21	22	32	11	18	14	15	22	15	28	28	17	14	22	16	24	13	16	20	16	14	24	
Nov	28	16	29	18	13	6	21	16	26	15	14	22	15	18	26	17	35	19	20	21	15	15	22	
Dec	24	12	23	14	20	19	19	16	15	16	16	25	20	18	11	20	21	23	14	17	13	25	31	
Total=	<u>329</u>	<u>264</u>	<u>254</u>	<u>232</u>	<u>189</u>	<u>192</u>	<u>218</u>	<u>232</u>	<u>248</u>	<u>208</u>	<u>242</u>	<u>279</u>	<u>246</u>	<u>301</u>	<u>232</u>	<u>234</u>	<u>282</u>	<u>223</u>	<u>226</u>	<u>268</u>	<u>265</u>	<u>263</u>	<u>267</u>	<u>59</u>

[CALENDAR

YEAR]

# to AGO	69	52	54	43	32	38	34	42	47	33	37	56	45	51	50	35	53	47	62	71	55	68	53	4
% to AGO	21%	20%	21%	19%	17%	20%	16%	18%	19%	16%	15%	20%	18%	17%	22%	15%	19%	21%	27%	26%	21%	26%	20%	7%

[FISCAL

YEAR]

# complaints	FY93	FY94	FY95	FY96	FY97	FY98	FY99	FY00	FY01	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11	FY12	FY13	FY14	FY15	FY16
	310	283	251	249	213	179	209	240	213	234	229	270	288	239	267	237	251	250	245	250	277	245	251	197
# to AGO	(na)	(na)	(na)	53	31	37	34	44	28	48	30	53	51	36	47	46	51	56	46	45	53	39	38	25



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TO: Minnesota Board of Dentistry Members
SUBMITTED BY: Bridgett Anderson
DATE: April 15th, 2016
RE: **HPSP Report**

The Health Professional Services Program (HPSP) – Program Committee met on February 16, 2016, at 5:30 p.m. The attendance was excellent; all Health Licensing Boards were represented. I attended on behalf of the MN Board of Dentistry.

Members of the Strategic Planning Governance Work Group were in attendance: Ruth Martinez, Executive Director of the Board of Medical Practice; Shirley Brekken, Executive Director of the Board of Nursing; Marshal Shragg, Executive Director of the Board of Physical Therapy; Jennifer Mohlenhoff, Executive Director of the Board of Marriage and Family Therapy; Steve Gulbrandsen, Advisory Committee Chair; and Allen Rasmussen, Program Committee Chair.

All gave their suggestions and updates of the work group's process, discussion, and progress toward suggested changes or new governance model. Reactions, suggestions, and discussion by the Program Committee members followed. The Governance Planning Group will continue to meet and work toward an acceptable governance structure to be presented to the Program Committee at a future date.

Margaret Schreiner, Board of Dietetics and Nutrition and Kathy Polhamus, Board of Physical Therapy were added to the Governance Planning Work Group. All Program Committee members will be notified of future work group meetings and are invited and encouraged to attend.

Monica Feider, HPSP Program Manager, presented the results of the Program Committee Member Survey. Discussion and clarifications followed. The survey also indicated member's desire for different meeting times. Future meetings will be held on May 10, August 9, and November 8, 2016, at 10:00 a.m., in Conference Room A.

Abdiaziz Hirsi was approved as a public member to the HPSP Advisory Committee.

Ms. Feider presented the HPSP Fiscal Year 2016 Mid-Year Report. The Strategic Planning update is also attached.

The meeting was adjourned at 7:02 p.m.

I will continue to attend the upcoming HPSP Program Committee meetings on behalf of the Board of Dentistry.

Submitted by Bridgett Anderson
Report provided by Allen Rasmussen (now Medical Board Representative to HPSP).



Health Professionals Services Program

HPSP, 1380 Energy Lane Suite 202, St. Paul, MN 55108 – Phone: 651.643.2120 – Fax: 651.643.2163 - www.hpssp.state.mn.us

FISCAL YEAR 2016 MID-YEAR REPORT

REPORT SUBMITTED TO THE
HEALTH LICENSING BOARDS AND THE
HEALTH PROFESSIONALS SERVICES PROGRAM'S
PROGRAM AND ADVISORY COMMITTEES
BY MONICA FEIDER, MSW, LICSW, PROGRAM MANAGER
AND HPSP STAFF
FEBRUARY 2016

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INTRODUCTION

The Health Professionals Services Program (HPSP) is pleased to provide our mid-year report to the Health Licensing Boards, the HPSP Program Committee and Advisory Committees, legislators and the citizens of Minnesota. The document provides readers with information about program participation and activities that took place in the first half of fiscal year 2016 (July 1, 2015 to December 31, 2015).

MISSION AND GOALS

MISSION

Minnesota's Health Professionals Services Program protects the public by providing monitoring services to regulated health care professionals whose illnesses may impact their ability to practice safely.

GOALS

The HPSP goals are to promote early intervention, diagnosis, and treatment for health professionals with illnesses, and to provide monitoring services as an alternative to board discipline. Early intervention enhances the likelihood of successful treatment, before clinical skills or public safety are compromised.

WHAT PROGRAM PARTICIPANTS SAY

Health practitioners are referred to HPSP for the monitoring of a variety of illnesses including substance, psychiatric and other medical conditions. Many practitioners report great shame, fear and/or anxiety when reporting themselves whereas others look forward to the accountability monitoring offers.

HPSP surveys health practitioners following completion and discharge from the program. Many comments describe the structure monitoring provides is a motivating or accountability measure that helps them in following through with various treatment requirements and maintaining their sobriety. A sampling of these comments are listed below:

- *HPSP kept me accountable. I also knew my license was safe as long as I was following HPSP guidelines.*
- *I really felt it was a supportive program rather than one that was punitive. It helped me get a solid foundation in my recovery by helping plant the seed...that will be a part of my future...*
- *The whole program kept me staying on track to my recovery.*
- *Monitoring with screens gave me a period of accountability that was very helpful.*

In addition to the above, practitioners are increasingly asking for more online services. HPSP will focus on this in the coming years.

In contrast to substance use disorders, the average person is less judgmental with other health disorders. We don't assume a practitioner "chose" to be ill or question what motivated them to seek treatment. However, anecdotally these practitioners are as likely to need external motivation to self-refer to HPSP. While substance use disordered practitioners suffer from the phenomenon of denial of the severity of their illness, practitioners with other disorders may feel their illness was thrust upon them and that monitoring is another part of the victimization associated with their illness.

HPSP does collect data as to how the participant learned about the program. This is more helpful to us as we conduct our outreach efforts. We strive for early intervention into illnesses. We assist with educating that particular illnesses can progress to the point of causing patient harm.

Many practitioners first learn about HPSP from their employers or treatment providers. From the employer and treatment provider point of view, our experience is they nearly always prefer that the practitioner self-refer over making a third party referral. Is this coercion? Or is it encouragement with a goal toward insight on the part of the practitioner? We have seen treatment providers "encourage" self-referrals as part of the treatment goal toward developing insight into the illness. We have seen this proved out with substance disordered participants, when after a period of time in HPSP (usually about the time their brain chemistry normalizes) they may express gratitude for the structure of HPSP and how it assisted them in their recovery.

So who are the true self-referrals? They all are. The amount of internal or external motivation is irrelevant. One may self-refer because their employer demands, or because their psychiatrist encourages them to refer, or to avoid reporting the illness to their regulatory board, or because they recognize that the substance use problem has put their health, relationships, and career at risk.

PROGRAM PARTICIPATION

DEFINITIONS OF REFERRAL SOURCES

HPSP's intake process is fairly consistent, regardless of how licensees are referred for monitoring. The program is responsible for evaluating the licensee's eligibility for services and whether an illness is present that warrants monitoring. If it is determined that a licensee has an illness that warrants monitoring, a Participation Agreement is developed and monitoring is initiated. Practitioners can be referred to HPSP in the following ways:

1. **Self-Referrals:** Licensees refer themselves directly to the program.
2. **Third-Party Referrals:** The most common referrals from third parties are from employers and treatment providers. The identity of all third party reporters is confidential.
3. **Board Referrals:** Participating boards have three options for referring licensees to HPSP:
 - a. **Determine Eligibility** (Board Voluntary): The boards refer because there appears to be an illness to be monitored but a diagnosis is not known.
 - b. **Follow-up to Diagnosis and Treatment** (Board Voluntary): The board has determined that the licensee has an illness and refers the licensee to HPSP for monitoring of the illness.
 - c. **Action** (Board Discipline): The board has determined that there is an illness to monitor and refers the licensee to HPSP as part of a disciplinary measure (i.e.: Stipulation and Order). The Board Order may dictate monitoring requirements.

TRUE SELF-REFERRALS

HPSP measures four types of referrals to the program: self-referrals, third party referrals, informal board referrals (voluntary), and formal board referrals (disciplinary). The category of self-referral has been questioned as to whether we are measuring "true" self-referrals, because some of the self-referred participants seem to have been coerced into reporting to HPSP – whether by a treatment provider, an employer, or a family member. HPSP has received requests to tease out which self-referrals are "true," that is, absent coercion or external motivation. We believe it is not necessary to tease out this information. It is neither easily determined nor relevant to HPSP goals. Problematically, there is no motivational scale to measure whether a self-referral was due to greater internal motivation versus greater external motivation.

In the case of a substance disordered practitioner, questioning the practitioner's motivation for treatment and sobriety assumes a moral component and denies the science of addiction, which is focused on altered brain plasticity. A practitioner whose addiction is severe usually does not have sufficient insight to arrest his or her own disease process alone. There is emerging science showing how the disease of addiction affects the brain. Dr. Nora Volkow of the National Institute on Drug Addiction has coined the following descriptor: "Addiction hijacks the brain." Alcohol and other addictive substances change the structure of the brain which, in turn, affects one's thoughts and behaviors. Brain research suggests that active substance abuse results in a diminished capacity to incorporate new learning and information into memory. Due to this limited consciousness of the destructive consequences, the addict typically comes into treatment only by way of external causes (spouse's threat, job problems, license discipline, legal difficulties) and rarely because of insight into their behavior.

It is not reasonable to expect one to think logically about the consequences of one's alcohol and drug use when their brain circuitry is impaired.

ACTIVE CASES

A total of 535 health professionals were active with HPSP on January 4, 2016. The term *active* refers to persons in the intake process as well as those being monitored. The table below provides the number and percent of active cases by Board on January 4, 2016.

Board	Number	Percent
Behavioral Health and Therapy	19	3.55%
Nursing Home Administrators	1	0.19%
Chiropractic Examiners	8	1.50%
Dentistry	32	5.98%
Department of Health	8	1.50%
Dietetics and Nutrition	3	0.56%
EMS	17	3.18%
Marriage and Family Therapy	3	0.56%
Medical Practice	88	16.45%
Nursing	288	53.83%
Pharmacy	24	4.49%
Physical Therapy	12	2.24%
Podiatric Medicine	1	0.19%
Psychology	6	1.12%
Social Work	18	3.36%
Veterinary Medicine	7	1.31%
Sum	535	

First Referral Sources for Active Cases

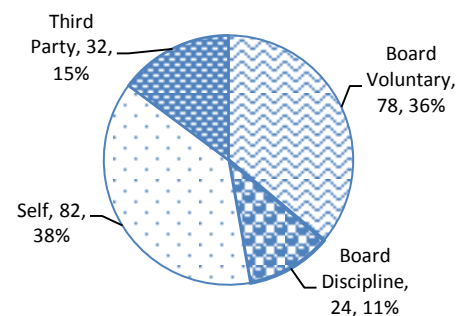
It is not uncommon for health professionals to be referred to HPSP by more than one source. *The first referral source* refers to how HPSP initially learned about the practitioner during this enrollment. This should not be confused with practitioners who were referred and discharged and later referred again (these are two separate cases for the same practitioner). For example, we often see self-referrals followed almost immediately by third party referrals or vis-a-versa. Whichever referral came first is considered the *first referral source*.

The first referral sources for the 535 active HPSP cases on January 4, 2016 were as follows:

- Self: 267 (50%)
- Board voluntary: 120 (22%)
- Board discipline: 91 (17%)
- Third party: 57 (11%)

REFERRALS BY FIRST REFERRAL SOURCE

HPSP received a total of 216 referrals in the first half of fiscal year 2016. These referrals represent the number of cases opened during the first half of the fiscal year. The referrals represent practitioners new to HPSP or who returned to HPSP. The chart on the right shows the number and percent of referrals by first referral source.



REFERRALS BY FIRST REFERRAL SOURCE AND BOARD

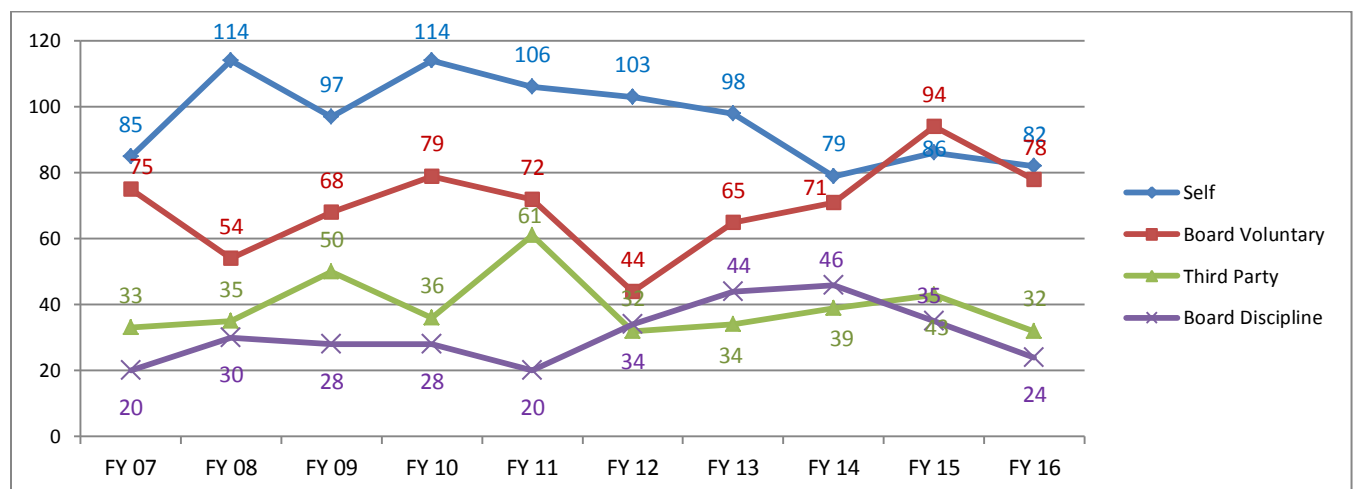
The table below compares the number of licensees referred to HPSP in the first halves of fiscal years 2015 and 2016:

Referral Source	Nursing Home Admin.		Behavioral Health & Therapy		Chiropractic Examiners		Dentistry		Department of Health		Dietetics & Nutrition		Emergency Services		Marriage & Family Therapy		Medical Practice	
Fiscal Year	15	16	15	16	15	16	15	16	15	16	15	16	15	16	15	16	15	16
Board Voluntary	0	0	4	3	9	4	45	35	2	3	0	0	0	3	0	1	7	4
Board Discipline	0	0	1	0	0	0	0	1	0	0	0	0	1	1	0	0	4	1
Self	0	0	4	7	2	0	7	0	0	2	0	2	3	1	0	2	11	11
Third Party	0	0	1	0	0	1	4	1	0	0	0	0	0	0	0	0	8	4
Sum	0	0	10	10	11	5	56	37	2	5	0	2	4	5	0	3	30	20

Referral Source	Nursing		Optometry		Pharmacy		Physical Therapy		Podiatric Medicine		Psychology		Social Work		Veterinary Medicine		Sum	
Fiscal Year	15	16	15	16	15	16	15	16	15	16	15	16	15	16	15	16	15	16
Board Voluntary	13	19	0	0	4	1	7	2	0	0	0	0	2	3	1	0	94	78
Board Discipline	26	18	0	0	1	0	0	0	0	1	1	0	0	0	1	2	35	24
Self	48	49	0	0	1	3	2	0	0	0	2	0	4	4	1	1	86	82
Third Party	29	24	0	0	0	1	0	0	0	0	1	0	0	1	0	0	43	32
Sum	116	110	0	0	6	5	9	2	0	1	4	0	6	8	3	3	258	216

REFERRALS BY FIRST REFERRAL SOURCE AND FISCAL YEAR

The chart below shows the number of referrals by first referral source in the first half of the past ten fiscal years.



DEFINITIONS OF DISCHARGE CATEGORIES

1. **Completion**

Program completion occurs when the licensee satisfactorily completes the terms of the Participation Agreement and Monitoring Plan.

2. **Non-Compliance***

Participant violates the conditions of his or her Participation Agreement/Monitoring Plan; case manager closes case and files a report with licensee's board. Sub-categories of this include:

- Non-Compliance – Diversion
- Non-Compliance – Monitoring
- Non-Compliance – Positive Screen
- Non-Compliance – Problem Screens
- Non-Compliance – Treatment

3. **Voluntary Withdrawal***

Participant chooses to withdraw from monitoring prior to completion of the Participation Agreement and Monitoring Plan; case manager closes case and files a report with the licensee's board.

4. **Ineligible Monitored***

During the course of monitoring, it is determined that licensee is not eligible for program services as listed in statute; case manager files report with licensee's board. Sub-categories of this include:

- Ineligible Monitored – Illness too severe
- Ineligible Monitored – License suspended/revoked
- Ineligible Monitored – License went inactive
- Ineligible Monitored – Gave up license
- Ineligible Monitored – Violation of practice act

5. **Ineligible Not Monitored***

At time of intake, it is determined that licensee is not eligible for program services as listed in statute; case manager files report with licensee's board. Subcategories of this include:

- Ineligible Not Monitored – Illness too severe
- Ineligible Not Monitored – License suspended/revoked
- Ineligible Not Monitored – License went inactive
- Ineligible Not Monitored – No active Minnesota license
- Ineligible Not Monitored – Violation of practice act
- Ineligible Not Monitored – Previously discharged to the board

6. **No Contact***

Initial report received by third party or board; licensee fails to contact HPSP; case manager closes case and files a report with licensee's board.

7. **Non-Cooperation***

Licensee cooperates initially, may sign Enrollment Form and/or releases, but then ceases to cooperate before the Participation Agreement is signed; case manager closes case and files a report with licensee's board.

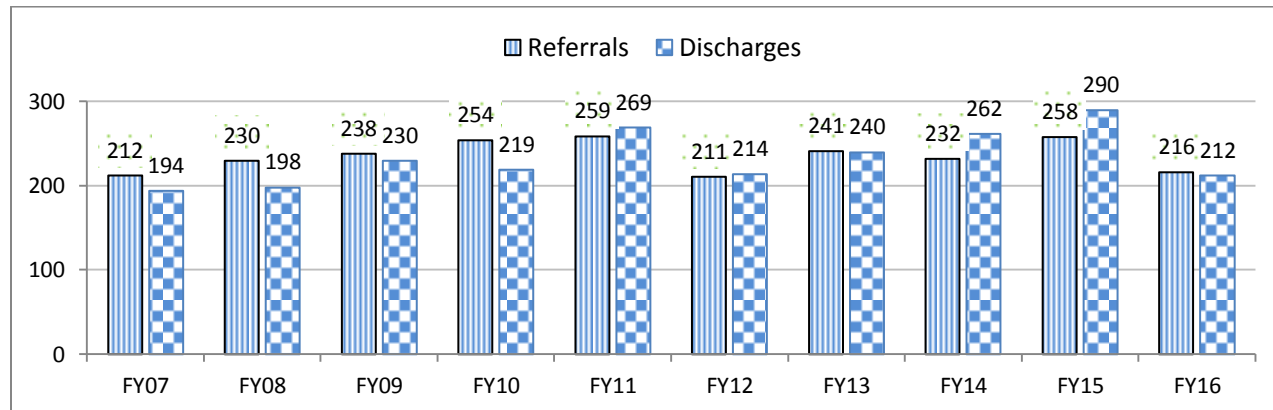
8. **Non-Jurisdictional**

No diagnostic eligibility established; the case is closed.

**Discharge results in report to board and providing data.*

REFERRAL AND DISCHARGE TRENDS

The chart below shows the number of referrals and discharges in the first half of each fiscal year since 2007. You will see that the number of referrals and discharges in the first half of fiscal year 2016 were considerably lower than those of the prior two fiscal years. By the end of fiscal year 2016, we will have a better idea if this trend downward will continue.



DISCHARGES BY DISCHARGE CATEGORY

A total of 212 health professionals were discharged from HPSP in the first half of fiscal year 2016, compared to 290 in 2015. Of those discharged in the first half of fiscal year 2016, a little more than half, 61%, participated in monitoring. Of those monitored, 55% completed the conditions of their Monitoring Plans.

Discharge Category	Number
Monitored	129
Completion	71
Voluntary Withdraw*	10
Non-Compliance*	28
Deceased	2
Ineligible-Monitored*	18

Discharge Category	Number
Not Monitored	83
Ineligible-Not Monitored*	3
No Contact*	11
Non-Cooperation*	18
Non-Jurisdictional	51
Sum Monitored & Not Monitored	212

* Represents discharges that resulted in reports to boards

DISCHARGES BY DISCHARGE CATEGORY AND BOARD

The following table compares the number of licensees discharged from HPSP in the first half of fiscal years 2015 and 2016 by Board.

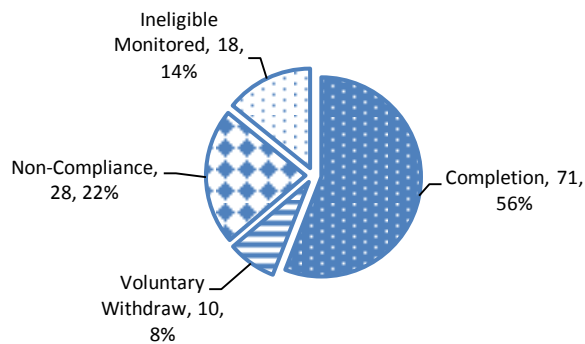
Discharge Category	Nursing Home Admin.		Behavioral Health & Therapy		Chiropractic Examiners		Dentistry		Department of Health		Dietetics & Nutrition		Emergency Services		Marriage & Family Therapy		Medical Practice	
Fiscal Year	15	16	15	16	15	16	15	16	15	16	15	16	15	16	15	16	15	16
Completion	0	0	0	0	2	1	2	2	0	0	0	0	2	3	2	0	28	13
Voluntary Withdraw*	0	0	0	0	0	0	1	0	1	0	0	0	1	0	0	0	0	1
Non-Compliance*	0	0	3	2	0	1	2	2	0	0	0	0	1	1	0	0	0	0
Deceased	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Ineligible-Monitored*	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	3	1
Ineligible-Not Monitored*	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	1
No Contact*	0	0	1	0	0	0	4	2	1	0	0	0	0	0	0	0	2	2
Non-Cooperation*	0	0	2	2	0	0	5	1	0	0	0	0	3	0	0	1	2	0
Non-Jurisdictional	0	0	1	0	5	5	31	27	1	1	0	1	3	1	0	1	7	2
Sum	0	0	8	5	7	7	47	35	3	1	0	1	10	6	2	2	42	21

Discharge Category	Nursing		Optometry		Pharmacy		Physical Therapy		Podiatric Medicine		Psychology		Social Work		Veterinary Medicine		Sum	
Fiscal Year	15	16	15	16	15	16	15	16	15	0	15	16	15	16	15	16	15	16
Completion	44	47	0	0	5	0	3	0	0	0	1	2	1	2	0	1	90	71
Voluntary Withdraw*	7	6	0	0	0	0	0	0	0	0	0	1	0	2	0	0	10	10
Non-Compliance*	33	19	0	0	1	3	1	0	0	0	1	0	1	0	0	0	43	28
Deceased	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	2	2
Ineligible-Monitored*	11	13	1	0	0	0	0	0	0	0	0	0	0	2	0	0	15	18
Ineligible-Not Monitored*	10	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	12	3
No Contact*	5	7	0	0	2	0	0	0	0	0	0	0	0	0	0	0	15	11
Non-Cooperation*	16	12	0	0	1	2	1	0	0	0	0	0	0	0	1	0	31	18
Non-Jurisdictional	14	11	0	0	1	0	4	2	0	0	1	0	4	0	0	0	72	51
Sum	140	115	1	0	11	6	9	2	0	0	3	3	6	7	1	1	290	212

*Represents discharges that result in a report to the licensing Board.

DISCHARGES OF THOSE MONITORED

The table on the right represents the percent of practitioners that engaged in monitoring in the first half of fiscal year 2016 and were discharged by discharge category.



UNSATISFACTORY DISCHARGE DETAIL

The following table shows detailed information about practitioners who, in the first half of fiscal year 2016, engaged in monitoring and were discharged due to non-compliance or being ineligible for continued participation:

Discharge Category	Number
Non-Compliance with Monitoring Plan*	10
Non-Compliance - Problem Screens	7
Non-Compliance - Positive Screen	10
Ineligible Monitored - License Suspended/Revoked/Inactive	15
Ineligible Monitored - Illness Too Severe	2
Ineligible Monitored - Violation of Practice Act	1
Total Number Monitored & Discharged	45

*The discharge category of *Non-compliance with Monitoring Plan* includes persons who refuse to sign authorizations, are non-compliant with treatment or who have used substances of abuse. We hope to further separate the various for discharge in our database and, therefore, in future reports.

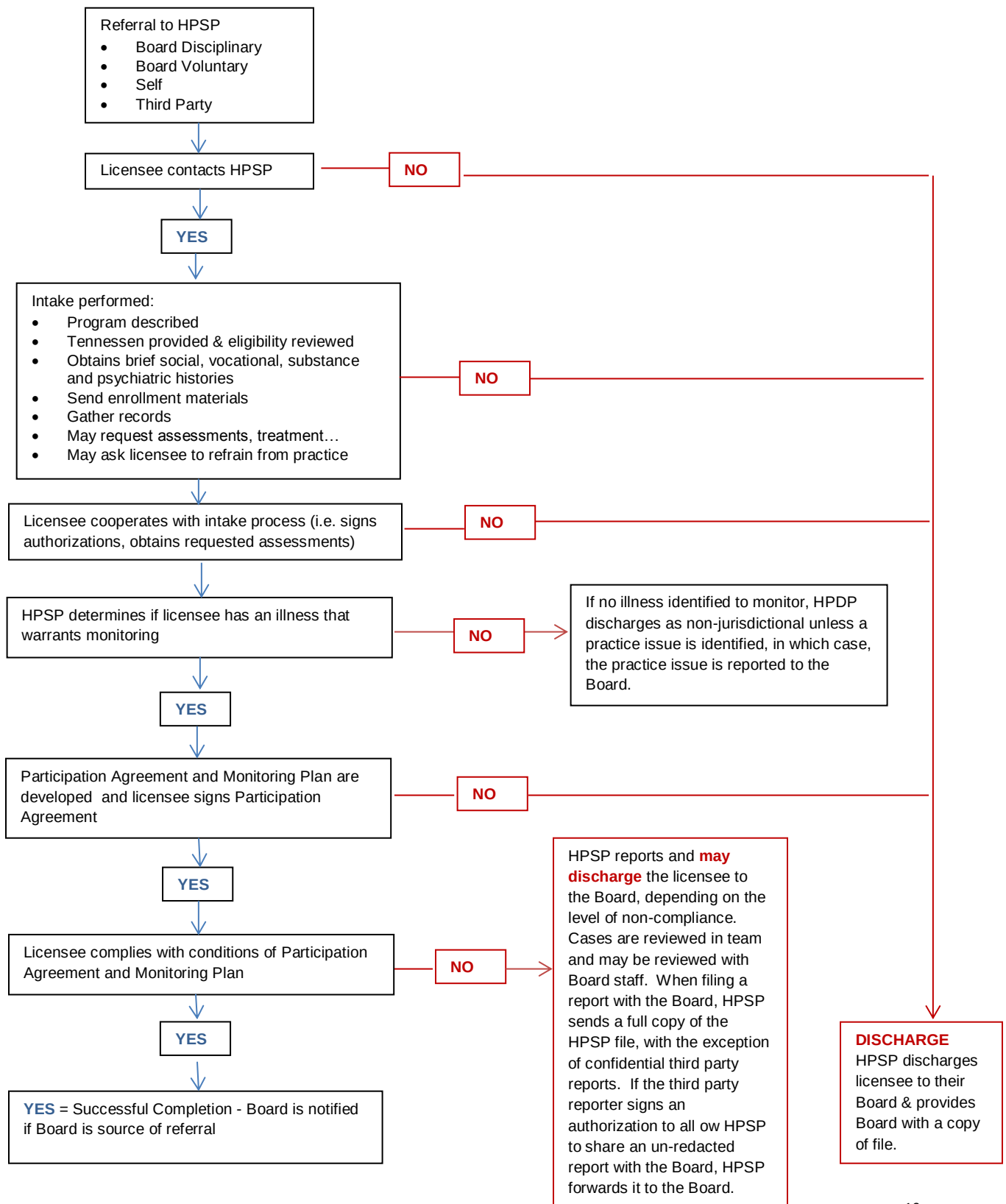
DISCHARGES BY REFERRAL SOURCE

The following table shows the number of practitioners discharged from HPSP in the first half of fiscal year 2016 by their first referral source and discharge category:

Discharge Category	Referral Source			
	Board Voluntary	Board Action	Self	Third Party
Completion	15	15	35	6
Voluntary Withdraw	0	1	6	3
Non-Compliance	3	8	14	3
Deceased	1	0	1	0
Ineligible-Monitored	1	6	6	5
Ineligible-Not Monitored	1	1	0	1
No Contact	4	1	0	6
Non-Cooperation	8	1	3	6
Non-Jurisdictional	41	0	7	3

COMMUNICATING UNSATISFACTORY DISCHARGES TO THE BOARDS

The discharge categories described earlier in this document shows that HPSP reports and discharges practitioners to their Boards for multiple reasons. The following flow chart shows how HPSP responds to non-cooperation or non-compliance at different times throughout the intake or monitoring process



UPDATES

STRATEGIC PLANNING

Background

HPSP staff identified the need for comprehensive strategic planning. HPSP contracted with Management, Analysis and Development (MAD), which is part of the Department of Management and Budget, to facilitate the initial phases of the process. MAD conducted situational analyses of the Program Committee, Advisory Committee, Executive Directors, HPSP staff, and the HPSP Program Manager. A Strategic Planning team was established consisting of four health licensing board executive directors and HPSP staff. A three to five year vision was created for the program along with one to two year strategies. HPSP staff was then assigned to lead the following strategic goals:

1. Measure program effectiveness, led by Mary Olympia
2. Best practices drive the program, led by Monica Feider
3. Develop governance that supports the program, led by Monica Feider
4. Strengthen Board and HPSP staff relationship and understanding of roles, led by Tracy Erfourth
5. Develop, strengthen and maintain efficient processes, led by Marilyn Miller
6. Promote staff well-being and professional growth, led by Kurt Roberts
7. Enhance program outreach, led by Kimberly Zillmer

HPSP staff developed Strategic Plan Work Groups consisting of HPSP staff, board executive directors and staff as well as members of the Program and Advisory Committees. Action plans were developed to create concrete plans to address each strategy. MAD facilitated the initial sessions of the work groups.

Status

Work on all of the above noted strategic goals is underway. Some of the strategies are time-limited, while others will be ongoing. A full report on the work done to address the strategic goals can be found in the *Strategies and Priorities Update 3* document, which will be provided to the Program Committee and the Executive Directors of the health licensing boards. It is also available upon request.

BUDGET

HPSP's fiscal year 2016 budget is \$850,000. In the first half of the fiscal year, HPSP spending was within expected levels. As of December 24, 2015, HPSP spent 42% (\$354,749.40) the fiscal year 2016 budget. Primary expenses include:

- Salaries and benefits: \$327,306.67
- Rent: \$18,195.16

COMMITTEE MEMBERS AND STAFF

PROGRAM COMMITTEE MEMBERS

The Program Committee consists of one member from each health licensing board. By law, the Program Committee provides HPSP with guidance to ensure the direction of HPSP is in accord with its statutory authority. In 1997 the Program Committee established the following five goals to meet this responsibility:

1. The public is protected;
2. Individual clients are treated with respect;
3. The program is well-managed;
4. The program is financially secure; and
5. The program is operating consistent with its statute.

Member Name	Board
Bridgett Anderson	Dentistry
Angelina Barnes (was Brian Stawartz through 11/15)	Psychology
Jennifer Deschaine	Emergency Medical Services
Michelle Falk	Optometry
Kathryn Graves	Marriage and Family Therapy
Yvonne Hundshamer	Behavioral Health and Therapy
Rosemary Kassekert	Social Work
Anne Kukowski (Alt: Catherine Lloyd)	Department of Health
Christine Norton (Alt: Steven Strand)	Nursing
Kathy Polhamus, Vice Chair	Physical Therapy
Allen Rasmussen, Chair (was Mark Eggen, MD through 12/15)	Medical Practice
Nestor Riano (was Greg Steele through 12/15)	Chiropractic Examiners
Margaret Schreiner	Dietetics and Nutritionists
Randy Snyder	Nursing Home Administrators
Judy Swanhom	Podiatric Medicine
Stuart Williams (Alt: Kay Hanson)	Pharmacy
Julia Wilson (was Sharon Todoroff through 12/15)	Veterinary Medicine

ADMINISTERING BOARD

The HPSP Administering Board changed from the Board of Dentistry to the Board of Physical Therapy under the leadership of Marshall Shragg, Executive Director in Fiscal Year 2016.

ADVISORY COMMITTEE MEMBERS

The Advisory Committee consists of one person appointed by various health-related professional associations and two public members appointed by the Governor. The Advisory Committee established the following goals:

1. Promote early intervention, diagnosis, treatment and monitoring for potentially impaired health professionals;
2. Provide expertise to HPSP staff and Program Committee; and
3. Act as a liaison with membership.

Member Name	Association
Sadiq Abdirahman	Public Member
Jim Alexander	MN Pharmacists Assoc.
S. Bruce Benson	MN Health Systems Pharmacists
Lois Bosch	MN Assoc. of Social Workers
Marcia Brower	MN Veterinary Assoc.
Lois Cochrane-Schlutter	MN Psychological Assoc.
Stephen Gulbrandsen (Chair)	MN Dental Assoc.
Jody Haggy (Mathew Keller alt)	MN Nurses Assoc.
Eric Hansen	MN Assoc. of Marriage &Fam. Therapy
Megan Hartigan (Debbie Gillquist alt)	MN Ambulance Assoc.
Richard Hueffmeier	MN Chiropractic Assoc.
Tracy Keizer	MN Academy of Physician Assist.
Teresa Knoedler	MN Medical Assoc.
Sheryl Lundquist	MN Academy of Nutrition and Dietetics
Marie Manthey	MN Nurse Peer Support Network
Jeff Morgan	Physicians Serving Physicians
Rose Nelson	Ad Hoc Member
Karen Sames (Vice-Chair)	MN Occupational Therapy Assoc.
Joseph Twitchell (Tonjia Reed alt)	MN Org. of Registered Nurses
Lisa Weed	MN LPNA/AFSCME

HPSP STAFF

Monica Feider	Program Manager
Tracy Erfourth	Case Manager
Marilyn Miller	Case Manager
Mary Olympia	Case Manager
Kurt Roberts	Case Manager
Kimberly Zillmer	Case Manager
Daisy Chavez	Case Management Assistant
Sheryl Jones	Office Manager

Questions about the content of this report should be directed to Monica Feider at 612-317-3060.

Health Professionals Services Program

Strategic Planning Update

February 2016

Background of Strategic Planning Process

In preparation for strategic planning in 2014, the Health Professionals Services Program (HPSP) asked Management Analysis & Development (MAD) to gather stakeholders' views on strengths, weaknesses, opportunities and challenges facing the program. In November 2013 MAD conducted focus group interviews with the HPSP Program Committee, Advisory Committee, staff, and interviewed the HPSP program manager and in December surveyed health licensing board executive directors. Five of 16 executive directors responded to the survey. The following is a summary of HPSP's strategic planning process:

Step 1: Situational Analyses

- Program Committee
- Advisory Committee
- Executive Directors
- Program Staff
- Program Manager

Step 2: Create a Strategic Planning Team

- HPSP staff
- Administering Board ED
- Executive Director volunteers from small, medium and large sized boards: Ruth Grendahl (Board of Podiatric Medicine), Angelina Barnes (Board of Psychology), and Shirley Brekken (Board of Nursing)

Step 3: Review Situational Analyses

The strategic planning team met to review the situational analyses.

Step 4: Develop Strategic Goals Based on Situational Analyses

Based on the review of the situational analyses, the strategic planning group created the following strategies:

- Measure program effectiveness
- Best practices drive the program
- Develop/create governance that supports the mission
- Strengthen board and staff relationship and understanding of roles
- Develop, strengthen and maintain efficient processes
- Support staff well-being and professional growth

Step 5: Create Work Groups to Address Each Strategic Goal

Steps one through five were facilitated by MAD. HPSP staff volunteered to lead each strategic goal. Initial meetings to address each strategic goal were also facilitated by MAD. Work group members were chosen based on their knowledge of the program and specific areas of expertise needed to address the strategic goal. HPSP staff are in the process of addressing the strategic goals and their progress is outlined on the following pages. Since the strategic planning process started, HPSP provided updates to the Program Committee on the strategic planning process in Mid-Year and Annual reports, as well as in more thorough written updates in May and August 2015 and again in February 2016.

Strategic Goal 4: Strengthen Board and HPSP Staff Relationships and Understanding of Roles

Leader: Tracy Erfourth, Case Manager

Work Group: Mary Olympia, HPSP case manager; Monica Feider, HPSP program manager; Barbara Damchik-Dykes, Board of Nursing; and Elizabeth Huntley, Board of Medical Practice. Barbara Deming (MAD) facilitated initial meeting.

The February and May HPSP and Board staff meetings focused on HPSP and Board staff communications and processes. Also discussed were ways to ensure all boards know and understand the HPSP process. In cases of dual monitoring, HPSP staff will work with the health licensing boards to develop quarterly report forms that are mutually agreed upon to ensure each board is getting the information they need.

The August HPSP and Board staff meeting focused on reviewing HPSP's monitoring protocols. Monica Feider and Kimberly Zillmer met with staff from the Boards of Medical Practice and Nursing to review HPSP's monitoring protocols in more detail. The protocols appeared well understood and mutually agreeable. Tracy Erfourth facilitated another meeting with staff from the Boards of Nursing and Medical Practice to brainstorm additional ways to enhance communication. HPSP will have an open house in February for Board staff.

Strategic Goal 5: Develop, Strengthen, and Maintain Efficient Processes

Leader: Marilyn Miller, HPSP Case Manager

Work Group: HPSP staff. Barbara Deming (MAD) facilitated initial meetings.

5A. Work flow enhancement through error reduction and efficient information management

HPSP staff has identified issues that contribute to internal work flow problems. Most of these issues are closely related to the need for error reduction. Based on the recent error tracking from the staff, we have discovered most of the obstacles to smooth work flow are related to data entry errors and omissions. A specific list of target errors will be identified for both case managers and support staff. Management will be conducting regular audits over time in the targeted areas and providing feedback to staff for continued improvement.

We have also been maintaining an open dialogue with Board staff regarding improvements in work flow between our programs and have made an effort to incorporate new ideas. We will maintain this as a consistent agenda item in our quarterly staff meetings.

5B. Database enhancement

Database Fixes

The HPSP team has been contributing to a list of database fixes over the last several months. To date a total of 24 items for improvement have been reviewed with the database programmer. We are hopeful that these fixes will be completed by April 2016. We will maintain running lists of other fixes that may be identified in the future.

Electronic Intake

We reviewed intake information collected by other state programs. A work group created a draft of a new electronic intake form. After consulting with the database developer and examining our budget, we are unable to move forward of this goal during this funding cycle. Because we cannot realize our goal of providing a new efficient and comprehensive electronic intake form that connects well with our existing database, the programmer will focus on making minor changes to our existing electronic intake form allowing critical information to connect to the database which is needed for reports.

New Licenses for Ratification

From 12/28/15 Through 3/31/16

Application Type	License No	Licensee Name	Issue Date
Dental Asst Application			
	A15082	Stephanie Rae Matti	12/29/2015
	A15083	Amanda Jo McCool	12/29/2015
	A15084	Maricar Perez Intal	12/31/2015
	A15085	Leah Joan Myhre	1/7/2016
	A15086	Toua Moua Vang	1/8/2016
	A15087	Dariella Esmeralda Rodriguez	1/12/2016
	A15088	Abbie Kathryn Werner	1/12/2016
	A15089	Collin Patrick Brehmer	1/22/2016
	A15090	Megan Marie Gottwalt	1/25/2016
	A15091	Michela Beth Muha	1/25/2016
	A15092	Erica Nicole Young	1/25/2016
	A15093	McKenzi Mae Alexandra Olson	1/28/2016
	A15094	Patricia Anne Paraiso Valenzuela	1/29/2016
	A15095	Megan Elizabeth Pyatt	1/29/2016
	A15097	Breanna Marie Weeks	2/8/2016
	A15098	Jacie Charils Edman	2/8/2016
	A15099	Tamara D Horsley	3/8/2016
	A15100	Dominique Celene Peterson-Fitzgerald	2/17/2016
	A15101	Anna Lynn Todey	2/23/2016
	A15102	Gretchen Lee Trosen	2/29/2016
	A15103	Elizabeth Teeselink	2/29/2016
	A15104	Tylene Kara Cieslak	3/1/2016
	A15105	Megan Elizabeth Jones	3/7/2016
	A15106	Kristin Elizabeth Feidt	3/8/2016
	A15107	Megan Leigh Underdahl	3/8/2016
	A15108	Irina Makhnach	3/16/2016
	A15109	Frances Lortee Butler	3/16/2016
	A15110	Samantha Marie Lundberg	3/16/2016
	A15111	Heidi Marie Cox	3/17/2016
	A15112	Christine Elizabeth Brill	3/17/2016
	A15113	Kaitlyn Alexandra Hansen	3/23/2016
	A15114	KayLie Jo Hanson	3/25/2016
	A15115	Jessica Tatiana Lopez	3/25/2016
	A15116	Une Vue	3/29/2016
	A15117	Jenniffer Jaanise Harmon	3/29/2016
Dental Hyg By Credential Application			
	H9953	Kimberly Rush Olmanson	1/5/2016
	H9954	Patricia Hope Johnson	1/7/2016
Dental Hyg By Exam Application			

Application Type	License No	Licensee Name	Issue Date
	H9951	Lindsay Alyssa Koenigs	12/29/2015
	H9952	Mariah Kathleen Anderson	1/4/2016
	H9955	Sarah Dawn Gunderson	1/7/2016
	H9956	Ashley Lynne Ekstrom	1/12/2016
	H9957	Joslynn Marie Hirsch	1/20/2016
	H9958	Kelli Elizabeth Krause	1/20/2016
	H9959	Melissa Sue Timmers	1/20/2016
	H9960	Jessica Ray Rivard	1/20/2016
	H9961	Katie Leigh Bergren	1/21/2016
	H9962	Mandy Jo Cummings	1/21/2016
	H9963	Stephanie Rae Czech	1/22/2016
	H9964	Keirsten Lee Armstrong	1/25/2016
	H9965	Christina Gayle Jorgensen	1/28/2016
	H9966	Ashley Elizabeth Rieff	1/28/2016
	H9967	DeAnna Jane Pearson	1/28/2016
	H9968	Lisa Renea Rathje	1/29/2016
	H9969	Sabrina Jean Vieths	2/1/2016
	H9970	Sara Pauline Holloway	2/1/2016
	H9971	Sadie Marie Dukek	2/2/2016
	H9972	Gabrielle Lashay Larson	2/3/2016
	H9973	Bailee Jean Ann Schultz	2/5/2016
	H9974	Jennifer Rae Ketterling Pederson	2/8/2016
	H9975	Briana Helen Smith	2/8/2016
	H9976	Bonnie Rene Newgard	2/12/2016
	H9977	Tenzin Chokey	2/17/2016
	H9978	Hassan Abucar Moallim	3/8/2016
	H9979	Alysa Grae Ihrke	2/23/2016
	H9981	Storm Lee Hinker	2/29/2016
	H9982	Kayla Elaine Poxleitner	3/16/2016
Dental Therapist by Exam Application			
	DT61	Kassie Rae Scott	1/20/2016
	DT62	Ashley Christine Mayry	1/22/2016
	DT63	Scott Michael Danzl	1/25/2016
	DT64	Megan Louise Guthmiller	3/16/2016
Dentist By Credential Application			
	D13633	Nghi Trang Trinh-Pham	2/4/2016
Dentist By Exam Application			
	D13629	Mark Anthony Runyan	1/4/2016
	D13630	Seth Alois Huiras	1/7/2016
	D13631	Richard Michael Warnick	1/25/2016
	D13632	Wonhee Lee	2/1/2016
	D13634	Yenshuo Shen	2/8/2016
	D13635	Zuleidy Arencibia	3/8/2016

Application Type	License No	Licensee Name	Issue Date
	D13636	Robert Braga Henson	3/3/2016
	D13637	Jenna Wray Palmer	3/11/2016
	D13638	Andrew Aaron Rischall	3/16/2016
	D13639	Dennis Metu Bear	3/17/2016
	D13640	Todd James Billington	3/18/2016
	D13641	Matthew Perry Ford	3/25/2016
Specialty Dentist Application			
	S104	Hechang Huang	12/29/2015
	S105	Kiran Agarwal	3/4/2016
	S106	Maggie Yue Wang	3/10/2016

License Reinstatements

From 12/28/15 Through 3/31/16

<u>Application Type</u>	<u>License No</u>	<u>Licensee Name</u>	<u>Issue Date</u>
Dental Asst Reinstatement Application	A11889	Janna Louise McDonald	1/12/2016
	A13531	Danielle Lee Maas	2/29/2016
	A1998	Linda Marie Johnson	1/21/2016
Dental Hyg Reinstatement Application	H5162	Letitia Anne Koppa	12/29/2015
Dentist Reinstatement Application	D9815	Bryan Donald Johnson	1/20/2016



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Portland

OREGON September 14–17, 2016

Council on Licensure, Enforcement & Regulation

ANNUAL EDUCATIONAL CONFERENCE

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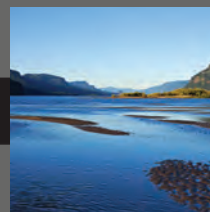
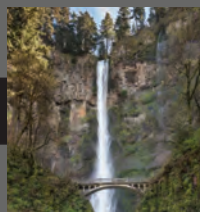


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[@CLEARHQ](https://twitter.com/CLEARHQ)

Register online at www.clearhq.org/aec16



REGISTRATION

Early Bird (register by July 29, 2016)

- » Members & Speakers: US\$495
- » Nonmembers: US\$620

After July 29, 2016

- » Members & Speakers: US\$545
- » Nonmembers: US\$670

Register online at
www.clearhq.org/aec16



HOTEL

Portland Marriott Downtown Waterfront

1401 SW Naito Pkwy. | Portland, OR 97201 | (503) 226-7600

Reservations

We have arranged preferred rates at our host hotel:

- » Cityview King/Queen/Double: \$169/night
- » Riverview King/Queen/Double: \$189/night
- » Reservations may be made online at www.clearhq.org/hotels. Should you prefer to make your reservations by phone, please call the hotel directly at (503) 226-7600 and identify yourself as part of the CLEAR Annual Educational Conference group block.

CLEAR encourages you to make your reservations early to ensure availability at the host hotel.

TRANSPORTATION

Official Airline Information

- » oneworld® is the official airline alliance of CLEAR's 2016 Annual Educational Conference. Visit CLEAR's website at www.clearhq.org/oneworld to learn more about the benefits of booking your flight through oneworld®.

Area Airport

- » Portland International Airport (PDX)
9 miles from Portland Marriott Downtown Waterfront
Estimated taxi fare: US\$50 one way

Other Transportation

- » BlueStar Shuttle | \$14 one way
www.bluestarbus.com/airport-shuttle.php

Hotel Parking

- » Valet parking, US\$37 daily
- » Self-parking at nearby Motor Mart Garage, US\$31



CLEAR LEARNING *at the Annual Educational Conference*

National Certified Investigator and Inspector Training—Basic Program

- » September 12–14, 2016
- » US\$455; CLEAR member rate: US\$365

National Certified Investigator and Inspector Training—Specialized Program

- » September 12–14, 2016
- » US\$545; CLEAR member rate: US\$435

Executive Leadership Program for Regulators

- » September 12–14, 2016
- » US\$585; CLEAR member rate: US\$465
Conference attendees receive a discounted rate of US\$505. CLEAR members receive a discounted rate of US\$385.

Board Member Training: Advanced Concepts in Regulatory Governance

- » September 13–14, 2016
- » US\$435; CLEAR member rate: US\$350
Conference attendees receive a discounted rate of US\$355. CLEAR members receive a discounted rate of US\$270.

Board Member Training: Introduction to Regulatory Governance

- » September 14, 2016
- » US\$305; CLEAR member rate: US\$245
Conference attendees receive a discounted rate of US\$230. CLEAR members receive a discounted rate of US\$165.

Investigating Allegations of Sexual Misconduct Workshop

- » September 15, 2016
- » US\$95; CLEAR member rate: US\$75



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Networking Opportunities

Welcome Reception: September 14, 5:30–7 p.m.
Networking Dinner (\$): September 15, 6:30 p.m.
Fun Run (\$): September 16, 6 a.m.
Optional Tours (\$): September 16, 5:30–7 p.m.

Key: ■ Plenary/Workshop or Discussion Group ■ Exhibitor Showcase ■ General Session ■ Entry to Practice Issues ■ Testing & Examination Issues ■ Administration, Legislation & Policy ■ Compliance & Discipline ■ Networking ■ Additional Fee

OPTIONAL ACTIVITIES

Fun Run | September 16 | 6 a.m. | \$10

Meet some of your fellow conference attendees for a run along the riverfront and through downtown Portland during the tranquility of the early morning hours. Your tour guides are members of the Oregon Road Runners Club. All fees collected will be donated to the running club.

Best of Portland Walking Tour | September 16 | 5:30 p.m. | \$20

Discover Portland the green and eco-friendly way. This award-winning walk clarifies why Portland is regularly recognized as one of the best places to live. By the end of our walk, you'll want to move here too. You'll hear about early and modern Portland as your guide shows you an enlightened city rich with artwork, parks, bridges, downtown trains and streetcars, fountains and friendly people. Even locals are amazed and entertained by what they learn. This walk meanders through the most fascinating portions of the city, leading eventually to the waterfront. Walk is about two hours long.

Underground Portland Walking Tour | September 16 | 5:30 p.m. | \$20

Explore the sins of Portland's past on this tour through Old Town and Chinatown! We show off the remains of the physical underground as well as exploring the underground subcultures, political underground and immoral underground of the city's sordid history, and expose the myths behind the legends of the so-called "Shanghai Tunnel." This walk is a treat for lovers of all things sinister—crime, scandal and controversial characters—a no-holds-barred excursion into the worst Portland has to offer. Walk is about two hours long.

Best of Portland Trolley Tour | September 16 | 5:30 p.m. | \$35

Learn why experts rate Portland as one of the best places to live and visit in North America. Resident Experts (aka guides) will unlock the best-kept secrets of "Bridgetown" as attendees are entertained with stories about early and modern Portland while touring this enlightened city, rich with artwork, parks, fountains, bridges, downtown light-rail, and streetcars. Tour is about two hours long.



403 Marquis Ave., Ste. 200
Lexington, KY 40502

VARIANCES/
WAIVERS/
PETITIONS/
APPEALS



MINNESOTA BOARD OF DENTISTRY

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

DATE: April 5, 2016
TO: Board Members
FROM: Joyce Nelson, Director of Licensing

RE: WAIVER OF EXAM: Minnesota Statute 150A.06 Subd. 3

Summary: Michelle Behrens is a general dentist who recently graduated the University of Iowa. She would like to apply for licensure in Minnesota. Unfortunately, she does not qualify for initial licensure by exam, based on her National Boards and Clinical Exams being completed over five years ago (over the five-year Statutory requirement – 150A.06, Subd. 2b).

She is seeking a waiver of her National Board exam and Clinical Exam (according to the Statute cited above), in order to apply for initial licensure by exam.

In the Minnesota Board of Dentistry's Public Meeting that took place on June 17, 2008 the following motion in reference to this Statute was passed.

MOTION:

The Licensure and Credentials Committee recommends no changes to Minnesota Statute 150A.06 Subd. 3a, but moves the following interpretation of the Statute:

The Clinical Exam Waiver shall apply to the Clinical Board exams for Dentists and Dental Hygienists, the National Dental and Dental Hygiene Board Exams, and future additional exams required for licensure or registration. The Statute is convincing that the Clinical Exam Waiver shall not apply to the Jurisprudence Exam. A Clinical Exam Waiver may be requested by the applicant when the above listed exams were taken more than five years preceding the Board's receipt of the completed application. The Clinical Exam Waiver shall be granted only by the full Board and the burden of proof shall rest with the applicant. The applicant shall provide convincing evidence of "adequate scholastic standing" as referenced in the Statute from any of the following; an accredited dental school pertaining to dentists, or an accredited dental hygiene school pertaining to dental hygienists.

Nelson, Joyce (HLB)

From: Michelle Behrens <behrens.michelle@gmail.com>
Sent: Wednesday, February 03, 2016 1:14 PM
To: Nelson, Joyce (HLB); Michelle Behrens
Subject: MN board- waiver request

To: Joyce Nelson- At this time I do not plan on being present for the April 15th board meeting (our baby will be just a few weeks old), but if you think my presence would help please let me know and I will try and make arrangements. Thank you.

Date: 1/23/2016

To the Members of the Minnesota Board of Dentistry:

Below is a waiver request for the Minnesota Statute 150A.06 Subd. 3.

I am a (June) 2011 graduate of the University of Iowa Dental School in Iowa City, IA. I am kindly requesting a waiver of the National Board Exam Part's 1 and 2. I passed Part 1 on 12/30/2008, and Part II on 10/23/2010. I took and passed WREB in the spring of 2011. My family and I are relocating to Minnesota this summer for my husband's job as a physician. I would love to work as a dentist in the state of Minnesota and apply through the exam process for my license. I understand I am a few months late for the 5 year deadline to apply through the exam process, but with our relocation and a new baby due soon I would appreciate the waiver immensely. I am in good standing with the Iowa Board and have been practicing at Lindale Dental in Cedar Rapids as a general dentist since my graduation.

Thank you kindly,

Michelle Behrens Doerer
876 Boston Way #4
Coralville, IA 52241
712-790-0346
behrensmichelle@gmail.com

Nelson, Joyce (HLB)

From: Nelson, Joyce (HLB)
Sent: Wednesday, January 13, 2016 2:34 PM
To: 'Michelle Behrens'
Subject: RE: application questions

Dr. Behrens,

Below is the Statute that relates to a waiver of exam. Please know that our next Board meeting, where we could bring this request forward, would be Friday April 15, 2016. We require your waiver request to cite the specific Statute, and provide us with which exam you are requesting a waiver from (citing that it is based on the fact it is over 5 years, and you would prefer to be granting the ability to apply for initial licensure by exam versus credentialing). You would have to provide the rational and argument for this request. You need to date the document, provide your contact information on it, and address it to the members of the Minnesota Board of Dentistry.

You are welcome to e-mail, fax or mail me your written waiver request, once it is complete. We do need to receive this at least 2 weeks prior to the above scheduled meeting.

We would also ask you to confirm if you will be present for the Board meeting when we bring your request forward? It is not required, but you can let me know if this is something you would like to do.

Minnesota Statute 150A.06 Subd. 3. Waiver of examination. (a) All or any part of the examination for dentists or dental hygienists, except that pertaining to the law of Minnesota relating to dentistry and the rules of the board, may, at the discretion of the board, be waived for an applicant who presents a certificate of having passed all components of the National Board Dental Examinations or evidence of having maintained an adequate scholastic standing as determined by the board, in dental school as to dentists, or dental hygiene school as to dental hygienists.

---Joyce

Joyce Nelson, LDA, CDA
Interim Executive Director
Minnesota Board of Dentistry
2829 University Ave. S.E., #450
Minneapolis, MN. 55414
Phone: (612) 548-2129 Fax: (612) 617-2260
Email: joyce.nelson@state.mn.us



From: Michelle Behrens [<mailto:behrens.michelle@gmail.com>]
Sent: Thursday, January 07, 2016 12:20 PM



MINNESOTA BOARD OF DENTISTRY

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DATE: March 1, 2016
TO: Board Members
FROM: Joyce Nelson, L.D.A.

VARIANCE REQUEST: from **Sally K. Darling, D.D.S.**
Regarding Minn. R. 3100.3600, subpart 4, item B
(Nitrous oxide inhalation analgesia –
Educational training requirements)

SUMMARY:

1. In 1981, Licensee graduated from U of M School of Dentistry receiving her D.D.S. degree and the appropriate training for administering nitrous oxide.
2. According to the Board's records, Licensee never provided proper notice to the Board by submitting a completed nitrous oxide form that included educational information.
3. With regard to this matter, it was found that the University of Minnesota is not willing to document the number of didactic/clinical hours for graduates of their dental program in reference to the nitrous oxide training prior to 1993.
4. Because of this, Licensee sent a variance petition requesting that the Board accept her previous educational training for nitrous oxide inhalation analgesia from the U of M School of Dentistry without having adequate documentation of this training.
5. In addition, Licensee has enrolled in a Nitrous Oxide course at the U of M for October 2016. The Board should also decide if they still want Licensee to take this course in Oct. 2016.

BOARD NEEDS TO DECIDE WHETHER TO:

1. **Grant Variance** (Accept Licensee's educational training for nitrous oxide and submit notice to the Board.)

OR

2. **Deny Variance** (Licensee cannot administer nitrous oxide until Licensee completes a nitrous oxide course and submits notice to the Board.)

When making their decision, the Board will consider Minn. Stat. § 14.055, subd. 4, which states:

Subd. 4. Discretionary variances. An agency may grant a variance if the agency finds that:

- (1) application of the rule to the petitioner would result in hardship or injustice;
- (2) variance from the rule would be consistent with the public interest; and
- (3) variance from the rule would not prejudice the substantial legal or economic rights of any person or entity.

RECEIVED

FEB 25 2016

MINNESOTA BOARD OF DENTISTRY

February 19, 2016

Dear Members of the Minnesota Board of Dentistry,

I am requesting a variance to Minnesota Rule 3100.36.00 Subpart 4 (B). I am a graduate of the University of Minnesota, School of Dentistry class of 1981. Until reading the December 2015 Minnesota Board of Dentistry Newsletter, I did not realize I needed to send a subsequent request to the Board requesting Nitrous Oxide approval. I contacted the University Of Minnesota School Of Dentistry and was told they did not document nitrous oxide training prior to 1993.

I have ceased providing Nitrous Oxide until I am able to rectify this matter through attendance of a Nitrous Oxide Course. The University of Minnesota is offering one Nitrous Oxide Course in October 2016, and I am signed up to take this course. I am requesting a variance to be able to provide Nitrous Oxide to my patients until I am able to complete the Nitrous Oxide course.

Thank you for considering my request.

Sincerely

A handwritten signature in cursive script that reads "Sally Darling, DDS".

Sally Darling, DDS

sallykdarling@gmail.com



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

RECEIVED

FEB 12 2018

MN BOARD OF DENTISTRY

NITROUS OXIDE INHALATION ANALGESIA APPLICATION FORM

Sally Kay Darling
Name (Please Print)

9253
MN License Number

Pursuant to Minnesota Rule 3100.3600, subpart 4, a licensed dental professional may administer nitrous oxide inhalation analgesia **only after** satisfactorily completing a course on the administration of nitrous oxide inhalation analgesia from an institution accredited by the Commission on Accreditation. The course must include a minimum of **12 hours of didactic/clinical instruction, personally administering and managing at least three individual supervised cases of analgesia**, and supervised clinical experience using fail-safe anesthesia equipment capable of positive pressure respiration. Additionally, you **must** complete this form and return it to the Board office with the supporting documentation listed in Section 1 and 2. You are **not** permitted to administer nitrous oxide **until** the application has been processed by the Board and can be confirmed on the Board's website.

DDS/DH/LDA Exception -

A dentist, who is a graduate of the University of Minnesota dental program *after May 2008* or a dental hygienist or licensed dental assistant who graduated from a Minnesota accredited program *after September 2, 2004*, **does not need to complete this form**. By completing the above-mentioned program, they are automatically certified.

The licensed dental assistant is allowed to administer and monitor nitrous oxide inhalation analgesia only after a maximum dosage has been prescribed by a dentist for a specific patient.

SECTION 1

Please complete the information below and **attach a photocopy of your current CPR certification card**.

Course: AHA (American Heart Association) Healthcare Provider Level ☐
ARC (American Red Cross) Healthcare Provider Level ☒

Date Course taken: 2/19/16

Date Course Expires: 2/19/18

SECTION 2

Please complete the information requested below relating to the course you completed on the administration of nitrous oxide inhalation analgesia from an institution accredited by the Commission on Accreditation and **attach original official documentation from your school specifying the # of didactic/clinical hours of instruction and # of patient experiences**.

Name of Institution _____

Address of Institution _____

Date Course Completed _____

City, State, Zip code _____

() _____
Phone Number of Institution

Certificate of Completion

Sally Darling
has completed the requirements for

**Basic Life Support for Healthcare
Providers**

conducted by
American Red Cross

Date completed: **02/19/2016**

Validity period: **2 Years**

Certificate ID: **0XUXAF**



American
Red Cross



Scan code or visit:
redcross.org/confirm



Certificate of Completion

Sally Darling

has successfully completed requirements for

**Basic Life Support for
Healthcare Providers** - valid 2 Years

conducted by
American Red Cross

Date Completed: **02/19/2016**

Instructors: **James D Dunham**



Certificate ID: 0XUXAF

To verify, scan code or visit:
redcross.org/confirm