

*Summer*  
*Newsletter*  
*August 2020*

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# President's Message

Dear Dentistry Colleagues,

COVID-19 is certainly not the world's first pandemic. For most of us, however, it is the first pandemic that we have experienced of this scale. As unwitting participants in this ongoing major historical event, we all seek to control as much of the situation as humanly possible. Unfortunately, COVID-19 will likely remain a threat for months or even years to come. Although we long to skip ahead to the conclusion of this unsettling narrative, this story is still being written.

The global transmission of COVID-19 placed significant strain on Minnesota's healthcare system. Governmental agencies and hospitals implemented aggressive measures to ensure adequate staffing in healthcare facilities and to conserve critical resources, such as ventilators and personal protective equipment (PPE). On March 17, 2020, the Centers for Disease Control and Prevention (CDC) recommended delaying elective inpatient and outpatient medical and dental procedures. On the same day the Minnesota Board of Dentistry, the American Dental Association, and the Minnesota Dental Association recommended postponing any non-emergent or elective dental care. The following day, the Centers for Medicare and Medicaid Services (CMS) issued similar guidance. The CMS noted that non-essential or elective procedures increase patient and provider contact, which could elevate the risk of COVID-19 transmission. Consistent with these guidelines, Governor Tim Walz signed Executive Order 20-09 on March 19, 2020. This Executive Order directed Minnesotans to delay all non-essential or elective procedures that use PPE or ventilators. Of course, this Executive Order also applied to dental care.

On May 5th, Governor Walz signed Executive Order 20-51. This Executive Order allowed hospitals, ambulatory surgical centers, and clinics—whether veterinary, medical, or dental—to resume conducting certain procedures. First, those facilities needed to create a comprehensive COVID-19 response plan. Specifically, this meant developing a criteria for determining which procedures practitioners could perform with relative safety. It also meant establishing a safe environment for staff, patients, and visitors.

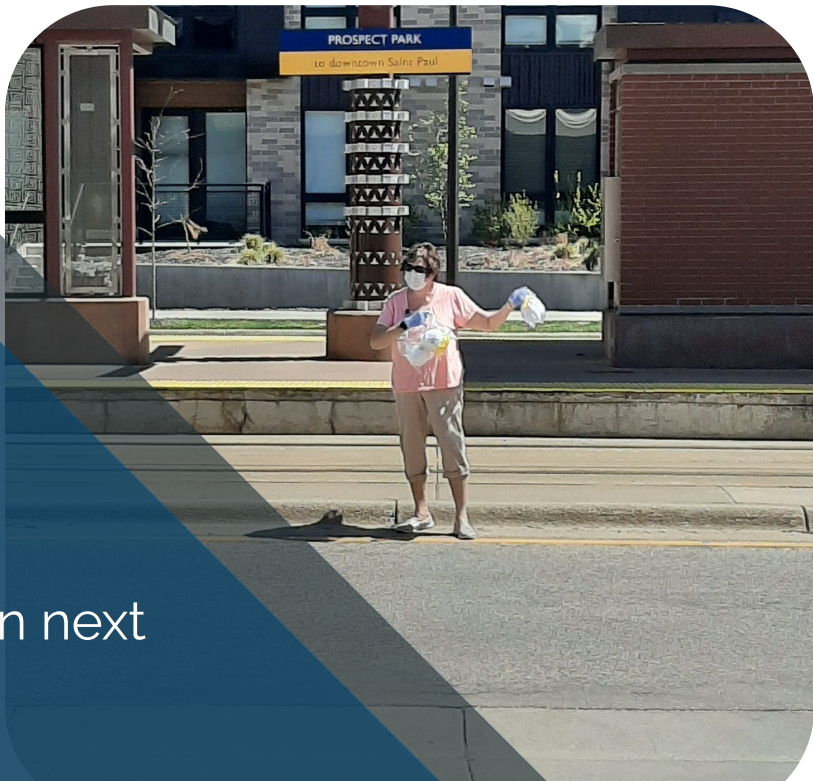
I must admit, the idea of a deadly pandemic sweeping the globe during my tenure with the Board of Dentistry never occurred to me; our Board clearly entered uncharted territory. Our staff, Board members, and especially Executive Director Bridgett Anderson, delivered on all fronts. They collaborated to address the multitude of issues related to our COVID-19 response. I am extremely proud of and grateful for their efforts during this stressful, uncertain time.

As you know, dental care is primarily delivered by small businesses. As a private practice dentist, I understand and appreciate the financial burden that the pandemic has imposed upon dental professionals throughout the state and country. Despite this, dentistry is not the only segment of health care that has dealt with the financial woes associated with the economic pause brought on by the pandemic. With our ongoing collaborative efforts, our profession will face the novel challenges presented every day and continue to strive for a return to normalcy.

Our broad, detailed efforts faced challenges almost daily as new information about the virus came to light. The first challenge we faced necessitated countering the erroneous perception that dentistry only provided non-essential healthcare services. The ADA defines dentistry as

"...the evaluation, diagnosis, prevention and/or treatment (nonsurgical, surgical or related procedures)of diseases, disorders and/or conditions of the oral cavity, maxillofacial area and/or the adjacent and associated structures and their impact on the human body; provided by a dentist, within the scope of his/her education, training and experience, in accordance with the ethics of the profession and applicable law." (As adopted by the 1997 ADA House of Delegates)

As always, actions speak louder than words. I thank all of you dental healthcare professionals for your devotion to your patients during this trying time. Throughout this period, when the whole of healthcare became restricted to emergency care only,, you served your patients with effective, safe, and compassionate care. Based on our survey results, we know the dental community saw more than 21,000 patients in the first three weeks of this Executive Order. You have clearly shown that dentistry is unambiguously an essential component of healthcare. We have all earned our place on the front lines of this public health crisis. By keeping dental patients out of emergency departments and urgent care centers, we have honored our profession and played a key role in Minnesota's COVID-19 response.



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While working daily with the Minnesota Department of Health, our team developed strategies to promote and protect public health and safety and ensure that every licensed dental professional practicing in the state meets the requirements for a safe, competent, and ethical practice. Our goal at the Board of Dentistry was to prepare for the inevitable return to routine dental care as safely as possible for patients, dentists, dental hygienists, dental assistants, and dental therapists.

In particular, I thank the members of the Board of Dentistry’s COVID-19 Task Force, including representatives from the Minnesota Dental Association, University of Minnesota School of Dentistry, HealthPartners, Delta Dental, Normandale Community College, private practice dentistry, and public health dentistry.

This brings me to Bridgett Anderson once again. I would be remiss if I did not recognize Bridgett for the extraordinary work she performed under these difficult circumstances. No longer speaking from the role of President of the Board, but simply conveying my thoughts as a licensed dentist in the state I must say this: no words can express the amount of pure gratitude we should all have for her efforts. Working with Bridgett has granted me one of the greatest privileges I have ever experienced in my life, especially because she has espoused values like integrity and altruism throughout the entirety of this ordeal. I feel honored to be a dentist in the State of Minnesota and I am grateful for the opportunity to serve as president of the Board of Dentistry.

Below is a synopsis of the issues addressed by the Board of Dentistry in collaboration with multiple state agencies. We followed the guidance of the CDC and OSHA, while also issuing our own guidance as needed. The Board remains committed to our mission of promoting and protecting public health while ensuring adequate standards of safety, competency, and ethical practice by dental professionals.

**Website**

The Board dedicated a full page on our website to keep dental professionals and the public informed of our response to the COVID-19 pandemic. The new page also contains other relevant information including a catalogue of GovDelivery campaigns that we sent to dental professionals; various mental health and self-care resources; pertinent Executive Orders from the Governor’s Office; resources for dental professionals, including information regarding the use and purchase of face shields; guidance issued by organizations like the ADA, CDC, and OSHA; and general, useful information about the coronavirus.

**Teleconference Board meetings**

Since March, the full Board hosted more than six public teleconference meetings, ensuring the public and dental professionals remained fully aware of our response to the pandemic. The Board dealt with issues including clinical exam requirements, license renewals, and safely phasing back to clinical practice.



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### Surgical mask and face shield distribution

The Board collaborated with the University of Minnesota Dental School, Dr. Rachel Uppgaard of the University of Minnesota Oral Surgery Program, community partners, and private practitioners to distribute surgical masks to dental professionals licensed in Minnesota. Board members Heidi Donnelly and Christy Jo Fogarty also assisted with the distribution. In April, we received, organized, and distributed over 45,000 N95 surgical masks to dental professionals throughout the State of Minnesota. In June, we acquired and distributed another 40,000 KN95 masks along with 7,000 face shields.

### CPR

The Board implemented a blanket variance to rules requiring CPR certification for dental professionals prior to their license renewal. This variance applies to licensees renewing their license between March 2020 and September 1, 2020. This variance was extended until December 31, 2020.

Late fees

The Board waived late fees for licensees renewing throughout the duration of the Peacetime Emergency.

### Terminations

The Board postponed administrative terminations that would have been imposed on licenses in both March and April.

### Continuing education

The Board agreed to extend the deadline for CE requirements through the licensee's next CE cycle for those renewing during the Peacetime Emergency. This was done in conjunction with the Governor's Executive Order.

### Dental and dental therapy exams

Applicants for dental and dental therapy licenses can use the following clinical exams to apply for a license through December 31, 2020.

- Canadian OSCE: applicants must complete both portions of the exam. Only University of Minnesota graduates and graduates of accredited Canadian schools are eligible to use this exam for licensure.
- ADEX exam: applicants must complete the DSE OSCE (written) portion, the Manikin (endodontics and prosthodontics) portion, and the CompeDont (restorative and operative class II and class III) portion.
- WREB exam: applicants must complete the Manikin (operative and endodontics) portion. The computer treatment plan (CTP) periodontics and prosthodontics sections are optional.
- SRTA exam: applicants must complete the Manikin (endodontics and prosthodontics). This exam has no written portion, and both the restorative and periodontics portions are optional.
- CRDTS exam: applicants must complete the Manikin (part II: endodontics and part III: prosthodontics) portion. This exam has no written portion.

### Dental hygiene exams

Dental hygiene applicants can apply for a conditional license through December 31, 2020. They may complete only the written portions of either the ADEX exam or WREB exam when applying for their license. If they only completed the written portion of the ADEX exam, they would need to complete either the ADEX Manikin or PTCE portion of the exam within six months of having their license issued. If they only completed the written portion of the WREB exam, they would need to complete a Board-approved Manikin exam or a patient-based exam within six months of having their license issued. Applicants applying for a conditional dental hygiene license will use the same licensure application as other dental hygiene applicants.

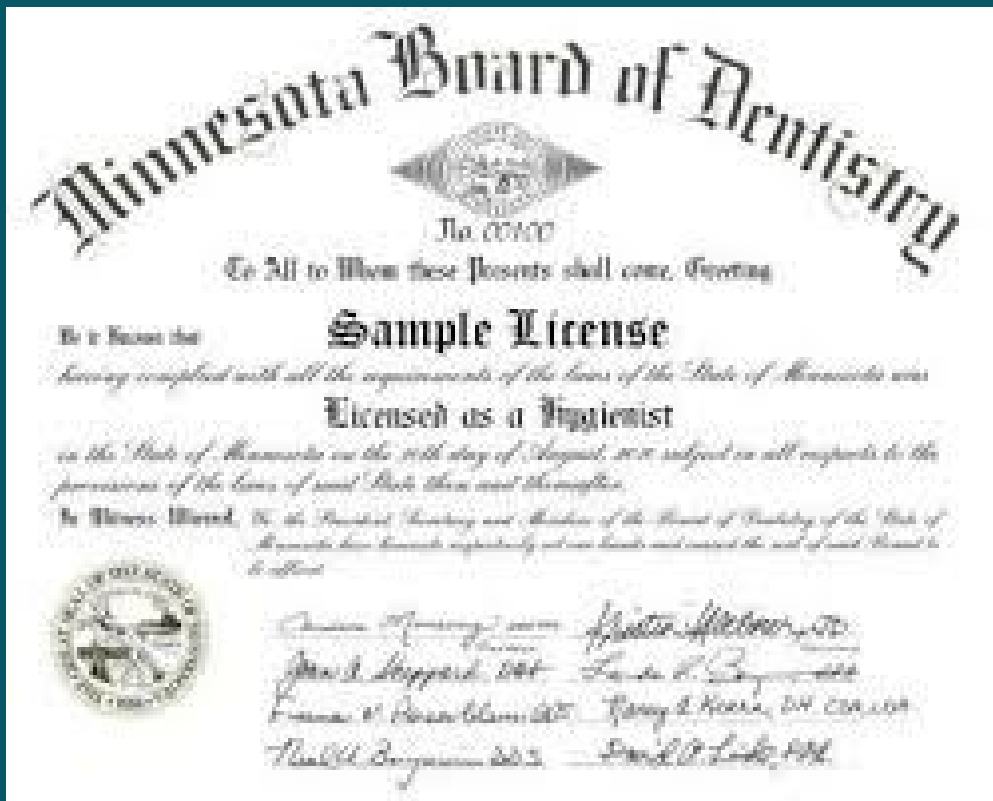
As evident in our intense and ongoing efforts, the Minnesota Board of Dentistry remains firmly devoted to ensuring adequate patient safety and a high standard of practice within dentistry. With continually shifting priorities and a constant flow of new information, we will remain agile in our response to the pandemic while retaining an unwavering dedication to our mission. If you have any questions, please do not hesitate to contact me.

Sincerely,

Dr. P. Angela Rake

# Display of License

The Board of Dentistry will no longer issue large wall licenses for new licensees as of October 2020. We also no longer require the display of original wall licenses in primary practices. If a licensee would like to request the initial wall license for some reason, they may complete the duplicate request form found on our website and send it to our office with a check. Licensees are only required to display renewal certificates and we will continue to issue the renewal certificate upon biennial renewals. The Board's long-term goal is to issue electronic licenses. With these, licensees can access them at any time, print, and display them at no additional cost.



# Meet the New Board Members



## Kelly Robledo

Kelly Robledo was appointed to a four-year term as a public Board member by Governor Tim Walz on June 16, 2020. She replaced public Board member John Manahan. She works as a patient care representative with Lasik Plus/LCA Vision. She also serves as a volunteer moderator and member of the web team for [www.dentalfearcentral.org](http://www.dentalfearcentral.org). This online, worldwide forum provides support for those who have phobias of and anxieties related to dental procedures.

## Dr. Ashley Johnson

Dr. Ashley Johnson, originally from San Diego, California, has been in Minnesota since 2013. She earned her undergraduate degree from the University of San Diego, California.

She earned her Doctor of Medical Dentistry degree from the Arizona School of Dentistry and Oral Health in 2007 as well as a Certificate

in Public Health from the University of North Carolina at Chapel Hill in 2007. She currently practices dentistry at Apple Tree Dental

and is a member of their leadership team.

Dr. Johnson's professional memberships include the National Network for Oral Health Access and the Special Care Dental Association. Dr. Johnson currently resides in the Twin Cities. She enjoys spending time with her amazing family, traveling, cooking, and doing arts and crafts.



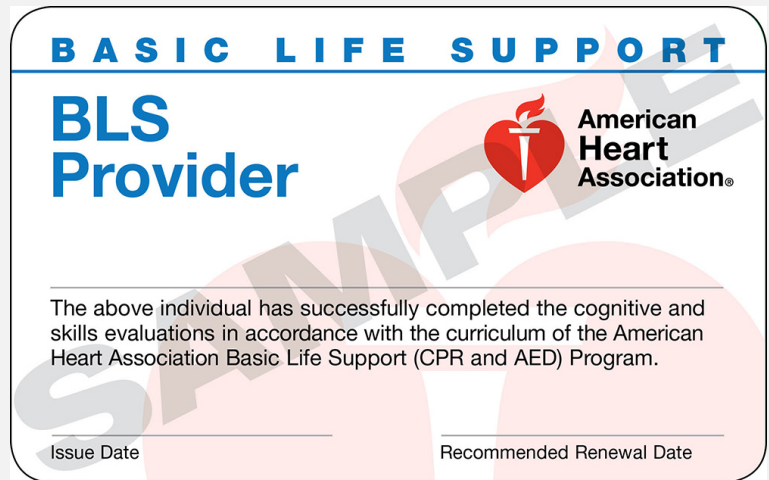
## Mask and Respiratory Protection

The Minnesota Board of Dentistry recently partnered with 3M to provide a webinar to help dental professionals navigate masks and respiratory protection. The webinar provides more in-depth information on N95, fit testing, safety considerations, and donning and doffing. The webinar is no cost and you can earn 1 elective CE credit for reviewing the video and documenting the activity in your CE portfolio. View the video [here](#).



# *CPR/ACLS Extension*

At the July 10th public Board meeting, the Board voted again to extend the CPR/ACLS variance, allowing licensees more time to complete the CPR/ACLS requirement. The extension's new end date is December 31, 2020.



## *Travel during COVID-19*

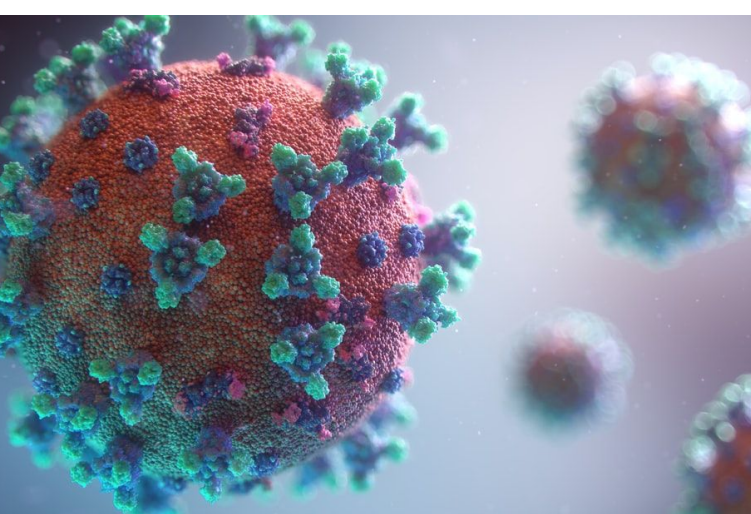
The CDC recommends that dental practices assess the incidence of COVID-19 in areas where patients have recently traveled. Click the links below for information on cases by location, as well as resources for after travel.

[Cases in the U.S. After Travel](#)



## **ADDITIONAL RESOURCES**

The Board of Dentistry maintains a web page with a variety of COVID-19 resources for professionals, mental well-being, pandemic response and more. [Click here](#) to access these resources.





# Disciplinary Actions

Licensee	Date of Order	License Number	Type of Order
Brothen, Lara E. DH	07/10/20	A14844	Stayed Suspension and Conditional
Erickson, Brandi L. LDA	04/17/20	A12988	Stayed Suspension and Conditional
Held, Shannon M. DDS	04/17/20	D11601	Suspension, Reprimand, Stayed Suspension and Conditional
Jablonski, Melissa LDA	04/17/20	A8521	Conditional
Loots, Amanda J. LDA	04/17/20	A10900 & H7636	Suspension and Stayed Suspension
Loots, Amanda J. LDA	04/03/20	A10900 & H7636	Temporary Suspension
Willenbring, Danielle LDA	03/17/20	A13051	Unconditional

# Corrective Actions

Profession	Violation(s)	Remedies
Dentist - 02/20/20	Unprofessional Conduct Substandard Recordkeeping	Dental Coding Course Recordkeeping Course Recordkeeping Inspection
Dentist - 03/09/20	Substandard Recordkeeping Substandard Endodontics	Recordkeeping Course Endodontic Course
Dentist - 04/10/20	Substandard Recordkeeping	Professional Boundaries Coursework Recordkeeping Coursework
Dentist - 04/22/20	Inadequate Infection Control	Hire Infection Control Consultant Infection Control Coursework Infection Control Inspection
Dental Assistant - 07/21/20	Failed to maintain CPR	Jurisprudence Examination

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