Board of Dentistry
Public Board Meeting
AGENDA
Friday, January 31, 2020
8:00 a.m.
Conference Room A

1. Call to Order
2. Approval of Draft Agenda
3. Introductions
4. Approval of Past Public Board Meeting Minutes
5. Seating of New Officers
6. Announce 2020 Committee Assignments
7. Professional Association and Dental Education Reports
   a. Minnesota Dental Association (MDA) – Majda Hodzic, DH, BS
   b. Minnesota Dental Hygienists’ Association (MnDHA)
   c. Minnesota Dental Assistants Association (MnDAA)
   d. Minnesota Educators of Dental Assistants (MEDA)
   e. Minnesota Dental Hygiene Educators Association (MDHEA) – Rachel Kashani-Legler, RDH, RF, MS
   f. Metropolitan State University
   g. Normandale Community College
   h. Minnesota Dental Therapy Association (MDTA)
   i. Minnesota Society of Oral and Maxillofacial Surgeons (MSOMS)
   j. University of Minnesota School of Dentistry – Maureen Lovestrand
   k. American Student Dental Association – Oral presentation by Chad Wagner
   l. Central Region Dental Testing Service
   m. Western Regional Exam Board (WREB)
   n. Other Organizations/Associations/Public

8. Executive Director’s Report
   a. Budget Summary

9. Board Staff Reports
   a. Licensing Report – Joyce Nelson, LDA
   b. Practitioner’s Review Committee Report – Mary Liesch, DH
10. Board Committee Reports
   • Executive Committee – Christy Jo Fogarty, DH
   • Sedation Committee – Angela Rake, DDS
   • Allied Dental Education Committee Bridgett Anderson, LDA, MBA will give oral report
   • Jurisprudence/Professional Development Committee – no report
   • Policy Committee – Hassan Ismail, DDS
   • Licensure & Credentials Committee – no report
   • Clinical Licensure Exam Committee – Christy Jo Fogarty, DH will give oral report
   • HPSP – Ruth Dahl/ Bridgett Anderson, LDA, MBA

11. Discussion
   • Discuss CDCA Annual Meeting Updates- Anderson/Fogarty
   • UMN Dental School EPC Committee Update- Adarve

12. Unfinished Business
13. New Business
   a. Travel Authorizations
      i. AADA/AADB- Chicago, April (3)
      ii. WREB Exam Observation* - San Antonio, April (1)
      iii. National Oral Health Conference- San Diego, April (2)
      iv. Other travel authorizations
         * Indicates travel cost is covered by the organization not the Board
   b. Licenses for Ratification
   c. Licenses for Reinstatement
   d. Collaborative Agreement Waiver Request

12. Announcements
13. Recess to Executive Board Meeting Closed Session and Adjourn

Upcoming Public Board Meeting Dates
   April 17, 2020
   July 10, 2020 (In Duluth)
   October 9, 2020
Public Board Meeting Minutes
October 11, 2019
8:00 am
Conference Room A

Call to Order
Christy Jo Fogarty, Board President, called the meeting to order at 8:10 am.

Introductions

Board Members Present
Christy Jo Fogarty, DH, ADT, President
P. Angela Rake, DDS, Vice President
Ruth Dahl, Secretary
Carl Ebert, DDS Board Member
Hassan Ismail, DDS, Board Member
Terry Klampe, DDS, Board Member

Board Members Absent
Ranier Adarve, DMD Board Member
Heidi Donnelly, LDA, Board Member

Attorney General Present
Daniel Schueppert

Others in Attendance (Per sign in sheet) Karl Self – U of M SOD; Dick Diercks – Park Dental; Candy Hazen – MnDHA; Kelly Murtaugh – Metropolitan State University; Andrea Jordan – Metropolitan State University; Jeanne Anderson – Mn DHA; Courtney Jasper – Messerli & Kramer; Rachel Kashani-Legler – MDHEA; Lori Pelke – Midwest Dental; John Lueth – North Country Dental; Wendy Ahles; MNDAA; Jeff Karp – U of M; Kristopher Hasstedt; Marilyn Miller – HPSP

Approval of Agenda
MOTION: Ms. Fogarty made a motion to approve the October 11, 2019 Public Board Meeting Agenda with the addition of the Peter Cannon variance for CRP rules request. Dr. Ismail second.

VOTE: For: 6
Opposed: 0
RESULT: Agenda Approved.
Review and Approval of Past Meeting Minutes

The minutes from the July 12, 2019 Public Board Meeting were reviewed.

MOTION: Dr. Rake made a motion to approve the July 12, 2019 minutes. Dr. Ismail second.

VOTE: For: 6
Opposed: 0

RESULT: Motion Passed. Minutes approved as submitted.

Election of Officers for 2020

MOTION: Ms. Fogarty made a motion to elect Dr. Rake as Board President. Dr. Ebert second.

VOTE: For: 6
Opposed: 0

RESULT: Motion Passed.

MOTION: Ms. Fogarty made a motion to elect Dr. Ismail as Board Vice President. Dr. Ebert second.

VOTE: For: 6
Opposed: 0

RESULT: Motion Passed.

MOTION: The Ms. Fogarty made a motion to elect Ms. Dahl as Board Secretary. Dr. Rake second.

VOTE: For: 6
Opposed: 0

RESULT: Motion Passed.

MOTION: Dr. Ismail made a motion to vote on the nominated slate of candidates. Dr. Ebert second.

VOTE: For: 6
Opposed: 0

RESULT: Motion Passed.

The following officers were elected:

Dr. Rake as President
Dr. Ismail as Vice-President
Ms. Dahl as Board Secretary

Reports (Including discussion items)

Professional Association and Dental Education Reports

- Central Region Dental Testing Service, Inc. Dental Hygiene Review Committee — A written report was included in the board packet.
- Minnesota Dental Association — A written report was included in the packet.
- Minnesota Dental Hygienists’ Association — No report submitted.
- Minnesota Dental Assistants’ Association — No report submitted.
• **Minnesota Educators of Dental Assistants** – No report submitted. Bridgett Anderson reported the Board is reviewing dental assistant curriculum. The Allied Dental Education Committee will discuss curriculum in future meetings.

• **Minnesota Dental Hygiene Educators Association** – A written report was included in the packet. Rachel Kashani-Legler reported their fall meeting is October 25, 2019 and highlighted the upcoming event speakers.

• **Minnesota Department of Health** – No report submitted.

• **Metropolitan State University** – Kelly Murtaugh, PhD and Andrea Jordan, ADT, DH highlighted information from the written report included in the packet. She noted progress in their Advanced Dental Therapy program including student and patient participation statistics.

• **Normandale Community College** – No report submitted.

• **Minnesota Dental Therapy Association** – A written report was included in the packet.

• **Minnesota Society of Oral and Maxillofacial Surgeons** – No report submitted. Bridgett Anderson reported the Board is developing new sedation inspection forms which will soon be available.

• **University of Minnesota School of Dentistry** – Karl Self, DDS highlighted information from the written report included in the packet.

• **North Country Dental** – John Lueth highlighted challenges of recruiting dental hygienists in rural areas.

**Executive Director’s Report** – Ms. Bridgett Anderson reported:

- A budget summary was included in the board meeting packet.
- She gave an update on the Board’s property and leasing.
- Ms. Anderson highlighted services provided to the State of Minnesota by the Small Agency Resource Team (SmART) Services.
- The Board of Dentistry received a favorable Internal Controls Report from MN Management and Budget. Ms. Anderson is the Internal Controls liaison for health licensing boards and hosted an internal control training event on October 9, 2019.
- Ms. Anderson will be presenting at the American Dental Administrator’s Association (AADA) Annual Meeting regarding licensure compacts.
- The Board’s Salesforce Data Base project is progressing and working through the business planning process at this time.

**Board Staff Reports**

**Licensing Update** – Ms. Joyce Nelson indicated that a written report was included in the packet.

**Practitioner Review Committee Reports** – Ms. Mary Liesch indicated a written report was included in the packet.
Board Committee Reports

- **Executive Committee/Presidents Report** – Ms. Fogarty indicated a written report was included in the packet.

- **Sedation Committee** – Dr. Rake highlighted information from the written report included in the packet including progress on inspection processes.

- **Allied Dental Committee** – No report included in the packet. Ms. Fogarty reported the Committee is continuing to discuss the statewide dental assistant shortage and analysis of the state licensure examination.

- **Jurisprudence/Professional Development Committee** – No report submitted.

- **Policy Committee** – No report submitted.

- **Licensure and Credentials Committee** – Dr. Ebert highlighted the written report included in the packet. If adopted as written, the changes would only require licensees to display a renewal certificate. Volunteer licensees would only be required to display a mini-license.

**MOTION:** Dr. Ebert, on behalf of the Licensure and Credentials Committee, made a motion to approve the following language for Statutes/Rules change for display of licenses/certificates:

Subd. 6. Display of name and certificates.

(a) The renewal certificate of every dentist, dental therapist, dental hygienist, or dental assistant shall be conspicuously displayed in plain sight of patients in every office in which that person practices. Duplicate renewal certificates can be obtained from the Board.

(b) Near or on the entrance door to every office where dentistry is practiced, the name of each dentist practicing there, as inscribed on the current license certificate, shall be displayed in plain sight.

(c) The board shall allow the display of a mini license for guest license holders performing volunteer dental services. There is no fee for the mini license for guest volunteers.

**VOTE:**

- For: 6
- Opposed: 0

**RESULT:** Motion Passed.

**MOTION:** Ms. Dahl made a motion, Dr. Rake second, to approve the following language regarding Minnesota Statute 150A.01 failure to practice with a current license:

- **Minnesota Statute 150A.01**
  - Subd. 19. Failure to practice with a current license.
  
  (a) If a licensee practices without a current license, and pursues reinstatement, the board is authorized to take the following administrative actions:

  (1) for under one month, the board will not assess a penalty fee.

  (2) for one month to six months, the board may assess a penalty of $250

  (3) for over six months, the board may assess a penalty of $500
(4) for over twelve months, the board may assess a penalty of $1,000

(b) In addition to the penalty fee, the board shall initiate the complaint process to address failure to practice with a current license.

Subd. 20 Delegating regulated procedures to an individual with a terminated license.

(a) If a dentist or dental therapist delegates regulated procedures to another dental professional that had their license terminated, the board is authorized to take the following administrative actions:

(1) for under one month, the board will not assess a penalty fee.

(2) for one month to six months, the board may assess a penalty of $100

(3) for over six months, the board may assess a penalty of $250

(4) for over twelve months, the board may assess a penalty of $500

(b) In addition to the penalty fee, the board shall initiate the complaint process when dentist or dental therapist has delegated regulated procedures to a dental professional with a terminated license for over 12 months.

VOTE: For: 6

Opposed: 0

RESULT: Motion Passed.

MOTION: Ms. Fogarty made a motion, Dr. Ismail second, to approve the following language regarding Minnesota Statute 150A.01:

Subd. 10. Licensure by credentials for dental therapy.

(a) Any dental therapist may, upon application and payment of a fee established by the board, apply for licensure based on evaluation of the applicant’s education, experience, and performance record. The applicant may be interviewed by the board to determine if the applicant:

(1) has graduated from an accredited baccalaureate or master’s in dental therapy program accredited by the Commission of Dental Accreditation;

(2) has evidence of passing a board approved examination designed to determine the applicant’s level of clinical skills; An applicant is ineligible to retake the clinical examination required by the board after failing it twice until further education and training are obtained.

(3) submit evidence of successfully completing the board’s jurisprudence examination;

(4) has been in active practice at least 2,000 hours within 36 months of the application date or passed a board-approved reentry program within 36 months of the application date. The 2,000 practice hours may count toward the 2,000 practice hours required for consideration for advanced dental therapy certification, provided that all other requirements of section 150A.016 Subd.1. are met;

(5) is not subject to any pending or final disciplinary action in another state of Canadian province, or if not currently certified or registered, previously had a certification or registration in another state or Canadian province in good standing that was not subject to any final or pending disciplinary action at the time of surrender;

(6) at board discretion, has passed a board-approved English proficiency test if English is not the applicant’s primary language; and
(7) has met all curriculum equivalency requirements regarding to dental therapy scope of
practice in Minnesota.
(b) The board, at its discretion, may waive specific licensure requirements in paragraph (a).
(c) An applicant who fulfills the conditions of this subdivision and demonstrates the minimum
knowledge in dental subjects required for licensure under subdivision 1d must be licensed
to practice the applicant’s profession.
(d) If the applicant does not demonstrate the minimum knowledge in dental subjects required
for licensure under subdivision 1d, the application must be denied. If licensure is denied, the
board may notify the applicant of any specific remedy that the applicant could take which,
when passed, would qualify the applicant for licensure. A denial does not prohibit the
applicant from applying for licensure under subdivision 1d.
(e) A candidate whose application has been denied may appeal the decision to the board
according to subdivision 4a.

VOTE: For: 6
Opposed: 0
RESULT: Motion Passed.

• Sedation Committee – Sedation Committee – A report was included in the packet. Dr. Rake
reported the Committee reviewed draft inspection OMS Sedation and Calibration forms for
anesthesia and foundation for safe office-based anesthesia.
• Clinical Licensure Exam Committee – No written report was submitted. Christy Jo Fogarty
reported the Committee continues to be in discussions with CDCA regarding a written
examination for dental therapists.
• Health Professionals Service Program – Ruth Dahl indicated a written report was included in the
packet.

Presentations
Jeff Karp, DMD, MS University of Minnesota presented an overview of Project SMILE ECHO. The program
is designed to support healthcare professionals serving children with special healthcare needs and move
towards a culture of health. This performance optimizing program seeks to build a dental network which
supports healthcare professionals by sharing resources and best practices.

HPSP – Ms. Marilyn Miller provided an overview services and of the Health Professional Services
Program including background, services offered, and statistics.

Unfinished Business
There was no unfinished business.
New Business

2020 Board Meeting Calendar
Dr. Ismail made a motion, Dr. Rake seconded, to cancel and reschedule the January board meeting and approve the following dates:

- The January board meeting will preferably reschedule to January 31, 2020
- April 10, 2020
- July 10, 2020
- October 9, 2020

VOTE: For: 6
Opposed: 0
RESULT: Motion Passed.

Travel Authorizations –
MOTION: Ms. Fogarty made a motion to approve the travel authorizations as submitted. Dr. Ismail second:

a. WREB Meeting- Denver, CO- November 7-8, 2019 (2)*
b. CDCA Annual Meeting- Nashville, TN- January 9-11, 2020 (4)*
c. FARB Forum- Colorado Springs, CO- January 23-26, 2020 (1)
e. American Academy of Pediatric Dentistry Safety Symposium Invitation- Chicago, IL- Nov 8-9, 2019 (1)

* Indicates travel cost is covered by the organization not the Board

VOTE: For: 6
Opposed: 0
RESULT: Motion passed.

Licenses for Ratification

Licenses for Ratification – Dr. Ismail made a motion to approve the licenses for ratification and reinstatement. Dr. Rake second.

VOTE: For: 6
Opposed: 0
RESULT: Motion passed.

Licenses for Reinstatement – Ms. Dahl made a motion to approve the licenses for ratification and reinstatement. Dr. Ismail second.
Waiver of Exam Request - MOTION: Dr. Ismail made a motion to approve the petition for unrestricted dental license per Minnesota Statute 150A.06, subdivision 9 for Magaly Ferreira, DDS. Dr. Ebert second.

VOTE: For: 6  
Opposed: 0  
RESULT: Motion passed.

MOTION: Dr. Ebert made a motion to grant a variance for license for Ali Esmaili, DDS. Dr. Klampe second.

VOTE: For: 6  
Opposed: 0  
RESULT: Motion passed.

MOTION: Dr. Ismail made a motion to approve the license for Ali Esmaili, DDS. Dr. Ebert second.

VOTE: For: 6  
Opposed: 0  
RESULT: Motion passed.

MOTION: Dr. Ebert made a motion to approve the Peter Cannon variance request for the CPR requirement. Second by Dr. Ismail.

VOTE: For: 6  
Opposed: 0  
RESULT: Motion passed.

Waiver of Exam Request – MOTION: Dr. Ismail made a motion to grant the Dr. Kristopher Hasstedt Waiver of Exam Petition for both clinical and written boards, per Minnesota Statute 150A.06, subdivision 3(a), for a general license. Dr. Ebert second.

VOTE: For: 6  
Opposed: 0  
RESULT: Motion passed.
Announcements

Audience Comments – Donna Young, dental hygienist, serves at the VA and shared her thoughts regarding safe patient handing. She recommends training to create a culture for safe patient handling. She then brought up her personal account and the importance of prevention of sexual harassment in dental settings. Young supports an anonymous reporting option. Additional comments from an audience dental hygiene educator indicated programs are educating regarding safe patient care and sexual harassment prevention.

The next Public Board meeting will be determined and announced via the Board website.

Adjourn

MOTION: Ms. Fogarty made a motion to recess until closed session. Unanimous.

VOTE: For: 6
Opposed: 0
RESULT: Motion passed.

Meeting was adjourned at 11:15 am.

Reviewed by:

Christy Jo Fogarty DH, ADT Board President
Date
UPDATE
Minnesota Dental Association

January 31, 2020

Government Affairs Update
The Minnesota Dental Association is preparing for the upcoming legislative session, which begins on February 11th. Carissa Kemp, the Government Affairs Manager, and other members of the Government Affairs Team have been traveling the state for legislator meet and greets in our various dental society districts. At these events, dentists have been able to voice their concerns and ongoing barriers to providing care to patients. While this session will be focused on bonding, the Minnesota Dental Association in partnership with Dental Access Partners (DAP) is launching a campaign to reinstate the adult dental benefit set under medical assistance to what it was before major cuts to the program in 2009. The coalition will utilize the HelpMNSmile website as a vehicle to build support for the initiative. The MDA and DAP will be asking other organizations to support the efforts.

Total Compliance and Education
Total Compliance & Education is a series of continuing education programming to help members and staff meet regulatory compliance. The next installment will take place on 2-14-2020, where we will cover (MN)OSHA and Infection Control requirements. To register please visit the following link https://www.mndental.org/totalce/.

Give Kids a Smile 2020
Appointments are being scheduled at this time. A Give Kids a Smile commercial is airing on WCCO-TV throughout the first week of February and radio ads in strategic locations have hit the airways in greater Minnesota. The event will take place February 7 and 8, 2020, during Children’s Dental Month.

Star of the North Conference 2020
The event will be taking place at the Saint Paul RiverCentre on April 23 & 25, 2020. Registration opened on January 2, 2020 registration link: www.prereg.net/2020/mda.

Mission of Mercy 2020
The event will be held on July 24 & 25, 2020 at the Rivers Edge Convention Center in St. Cloud. Volunteer registration will open April 23, 2020, we hope to see you in St. Cloud.
Another year has passed and the MDHEA could not be more grateful for the continued hard work of the board members and staff to ensure the safety of the public as well as providing support and guidance to the great dental professionals of this state. Happy New Year to all! Hoping that 2020 has great things instore for everyone.

MDHEA Fall Meeting

Our fall meeting was held at Herzing University on October 25th. There were two presentations that took place.

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<thead>
<tr>
<th>Time</th>
<th>Item</th>
<th>Presenter</th>
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<tbody>
<tr>
<td>9:30</td>
<td>Welcome</td>
<td>Jodie Entinger</td>
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<tr>
<td>9:40</td>
<td>Old Business</td>
<td>Lynette Koehl</td>
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<td>10:00</td>
<td>2018 Periodontal Classification</td>
<td>Dr. Thomas Hoover</td>
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<tr>
<td>12:00</td>
<td>Collaborative Dental Hygiene Practice Resources</td>
<td>Dr Colleen Brickle</td>
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<tr>
<td>12:30</td>
<td>Adjourn Fall 2019 MDHEA Meeting</td>
<td>Jodie Entinger</td>
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2018 Periodontal Classification

Dr. Thomas Hoover, periodontist, provided an overview of the 2018 Classification of Periodontal and Peri-Implant Diseases and Conditions. This new classification system was developed by the American Academy of Periodontology and the European Federation of Periodontology. It is intended to replace the Armitage Classification system that was developed in 1998. This new system will allow clinicians to provide more accurate diagnosis of a patient’s periodontal condition and will lead to more accurate delivery of periodontal therapy based upon the needs of the individual patient. This classification system makes significant changes to the diagnostic criteria for periodontal disease and incorporates progression of disease into the diagnostic process.
Educators had a chance to ask clarifying questions and discuss among the dental hygiene programs how best to implement this new system. Many programs have already incorporated the system into their classrooms and clinics. Dr. Hoover provided laminated handouts of the staging and grading criteria which is beneficial for the provider as a chairside guide to aid in the assessment of the severity, extent and rate of disease progression. It also is a great visual aid when explaining the complex nature of this system and disease with patients. The chairside guide is available to download and print at no cost on the American Academy of Periodontology website at the following link: https://www.perio.org/sites/default/files/files/Staging%20and%20Grading%20Periodontitis.pdf

**Collaborative Dental Hygiene Practice Resources**

Dr. Colleen Brickle, Normandale Community College, discussed some of the updates made in 2017 to Minnesota statute 150A.10 regarding collaborative practice authorization for dental hygienists in community settings. Some of those changes included a name change, removal of the 2400 hours requirement, aligning the statutory scope of practice with Minnesota rules, adding more practice settings, allowing LDAs to work collaboratively with the collaborative practice dental hygienist, and clarifying the referral system. Dr. Brickle distributed the statute language, a collaborative agreement template and a brochure with information on some of the many resources that can be found on Normandale’s “Minnesota 21st Century Dental Team: Toward Access for All” website. The revised website has four sections: collaborative dental hygiene practice, dental hygiene based dental therapy, medical-dental integration and a resource library. It is an excellent toolkit that can be utilized by various professionals, not only dental professionals.

Visit the website at: [http://www.normandale.edu/mndentalteam](http://www.normandale.edu/mndentalteam)

Dr. Brickle also shared further information on another great resource that was recently added to this website which is titled the “HRSA Educators Health Equity Learning Activity Resource Library”. A Health Equity learning activity was presented intended for dental and allied health curriculum. Additional learning activities and resources will be presented via Zoom Health Equity webinars this spring for dental hygiene educators and others that would like to learn more. The presentation will take a more in-depth look at the resource to make participants aware of what is available, how to work through the activities and the implications, as well as to encourage questions and feedback.

**Spring Meeting:** Thursday, April 23rd, 2020

**Report submitted by:** Rachel Kashani-Legler RDH, RF, MS (MDHEA Representative)
Update for: Minnesota Board of Dentistry
January 31, 2020

Dean’s Search Update. Four candidates visited the School of Dentistry in September and October of 2019. Discussions with candidates and the Office of the Executive Vice President and Provost, Karen Hanson, continue. For candidate information: https://www.dentistry.umn.edu/about/national-search-dean

Research highlights:

- Prototype moves into clinical trials.
  A $900,000 grant from the National Institute of Dental and Craniofacial Research (NIH) to Aster Labs, a St. Paul aerospace company working in partnership with School of Dentistry faculty member Stephen Shuman, DDS, MS, will support testing of a sensor/passive antenna system and detector that can be used to locate missing sets of dentures in nursing homes. The grant includes funding for a clinical trial, under the direction of Dr. Shuman (Oral Health Services for Older Adults Program), at the dental school’s geriatrics teaching clinic at Walker Methodist senior housing campus in Minneapolis.

- NIDCR Director Martha Somerman was the keynote speaker at oral biology symposium. There was a good turnout at the Graduate Program in Oral Biology: 50th Anniversary and Memorial Symposium on September 13. The keynote speaker was Dr. Martha J. Somerman, DDS, PhD, director of the National Institute for Dental and Craniofacial Research (NIDCR), National Institutes of Health.

Academic Dental Careers Fellowship Program (ADCFP). The Academic Dental Careers Fellowship Program (ADCFP) held its kickoff event Monday, December 9. ADCFP fellows presented on various topics followed by guest speakers Alvin Wee, DDS, PhD, MPH and Kristin Shingler. Over 25 faculty and students participated in the event.

ADEA conference attendees visited the School of Dentistry. Attendees at the annual meeting of the American Dental Education Association Business Financial and Clinical Administration toured the School of Dentistry on October 17. Participants visited the dental clinics, the Minnesota Dental Research Center for Biomaterials and Biomechanics (MDRCBB), where they learned about ART – the world’s first chewing machine – and heard about some of the public-private partnerships the MDRCBB established.

Campaign Announcement. The School of Dentistry launched Driven. The Campaign for the School of Dentistry at two special events held in October 2019. Driven. is the University-wide campaign with a goal of raising $4 billion in support of students, faculty, research, U-wide initiatives, and outreach. The School of Dentistry is seeking $31.5 million in support of students, research, and digital dentistry.

Equity and Diversity Breakfast. Ten School of Dentistry community members attended the University’s 12th annual Equity and Diversity Breakfast on November 4, 2019 at the McNamara Alumni Center. Among the attendees were seven who completed the Equity and Diversity Certificate Program. The program offers a theoretical framework for understanding equity and diversity work, helps participants develop necessary skills for equity and diversity work, and provides them with direct experience working and communicating across differences.
In the news:

**Donald Nixdorf**, DDS, MS (Diagnostic & Biological Sciences), was quoted in a letter to the editor in the Minnesota Daily (9/30/19) that raised awareness about trigeminal neuralgia (TN). The letter from a Wayzata High School student acknowledged with appreciation the University’s TN expertise, specifically noting Dr. Nixdorf’s non-surgical approach to TN pain management, the University’s facial pain center, and U-M Neurosurgeon Andrew Grande, MD.

The **Minnesota Dental Research Center for Biomaterials and Biomechanics (MDRCBB)** and its Key Opinion Leaders Program (KOL) are featured in a University of Minnesota Foundation online interview about the public-private partnership between the University and 3M. Since 2016, 3MGives funded and expanded the KOL Program, which provides dental scholars from developing and underdeveloped countries the opportunity to study for 6-12 months at the biomaterials center before returning home to improve oral health in their communities and teach future dental providers.

School of Dentistry faculty, students and alumni were quoted in an article written for a Wisconsin nonpartisan public policy and research organization about Minnesota's 10 years of dental therapy experience. Comments from **Karl Self**, DDS (Primary Dental Care-Dental Therapy) and **Claire Rosesler** (third-year dental therapy student) were featured, along with those of alumni Gary Plotz, DDS ('06-Mankato), Lydia Diekmann, MDT ('15-Mankato), and Katy Leviska, DT ('11-Health Partners). Also quoted were representatives of the Minnesota Board of Dentistry and Delta Dental of Minnesota Foundation.

**People:**

**Karin Quick**, DDS, PhD (Primary Dental Care-Dental Public Health) and colleagues received effusive praise and an Editor’s Choice special distinction for their submission to MedEdPORTAL titled “Working with Interpreters as a Team in Health Care (WITH Care) Simulation Curriculum Toolkit.” The acceptance letter describes the articles as an “exemplary resource,” and “a thoroughly impressive submission,” incorporating “so many different forms of best practices while modeling patient- and learner-centeredness.” The article will be catalogued and formatted prior to publication early this year.

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EXECUTIVE SUMMARY

Members Present:
Dr. Rudy Ramos  DERB Chair  Dr. Ross Lai  California
Dr. Leonard Aste  Utah  Dr. Huong Le  California
Dr. Tiffany Bass  Washington  Dr. Dennis Manning  Illinois
Dr. Bryce Castillon  Wyoming  Dr. Russell Morrow  Arizona
Dr. Nathan Catmull  Idaho  Dr. David Nielson  Alaska
Dr. Michael Davidson  Iowa  Dr. Burrell Tucker  New Mexico
Dr. Bill Dill  Arkansas  Dr. John Williams  Illinois
Dr. Amy Fine  Oregon  Dr. Brent Fung  Western University
Dr. Bryan Henderson  Texas  Dr. Dale Chamberlain  President
Dr. Hassan Ismail  Minnesota  Dr. Bruce Horn  Dir. of Dental Exams
Dr. William Kane  Missouri  Dr. Mark Christensen  Assist. Dir. of Dental Exams
Dr. Michael Keim  North Dakota

Staff and Others Present:
Dr. Norman Magnuson, Immediate Past President
Beth Cole, Chief Executive Officer
Sharon Osborn Popp, PhD, Testing Specialist
Denise Diaz, Director of Dental Operations
Bridgett Anderson, Minnesota Dental Board Executive Director
Brian Barnett, Missouri Dental Board Executive Director
Ryan Edmonson, Arizona Dental Board Executive Director
Kristina Gomez, Arizona Dental Board Deputy Director
Jennifer Santiago, Washington Department of Health Program Manager

The meeting was brought to order at 8:30 am by the DERB Chair, Dr. Rudy Ramos. Dr. Ramos welcomed members and introductions were made.

Committee Reports
Drs. Bruce Horn and Mark Christensen presented a summary of the written reports submitted by each committee chair. Reports included information about the work the committees have completed over the past year and plans for the next year.

Psychometric Update
Dr. Sharon Osborn Popp presented an overview of the 2019 exam statistics, to date. The information provided included updates about procedure scoring, examiner agreement, exam site comparability and Candidate performance.

Reports from States on Clinical Licensure Testing Topics
Members were asked in advance to prepare responses to the following questions:

- Do your state statutes or rules require a practical clinical examination and if not, what other options are available to applicants?
• What is your state board’s current position on accepting a non-patient-based practical performance (exclusively simulation) exam for initial dental licensure?
• Do your state’s current statute or rules specifically name the clinical exams (WREB, etc.) required for licensure or do they describe required examination content (components) and do you anticipate change to the statute or rules in this regard?
• What must a practical clinical dental exam include for initial clinical licensure in your state, including; passage of a prosthodontics section, periodontics section, passage of a Class III direct restorative procedure and two direct restorative procedures - each independently passed and adequate performance of one direct Class II restorative procedure?
• Do you see your state board’s current position changing either from internal sources of influence on your Board or external sources of influence such as legislators, lobbyists, the ADA?

Each representative briefly reported on behalf of their respective state board.

Updates to the 2020 Dental Exam
Denise Diaz presented an update on the changes to the Dental exam schedule for 2020. The two key changes are 1) the Prosthodontic exams will be offered on Orientation Day at many sites, and 2) D3 (or D2 for some programs) students will be allowed to attempt the Prosthodontic section on the same weekend D4’s will attempt the full exam. Both changes are optional and not all sites chose to participate in the changes. The schedule will vary across sites depending on whether they chose to implement either or both of the changes, as well as on the enrollment in Prosthodontics at each site.

WREB Update
Beth Cole provided general updates for the WREB organization.
• WREB is in the process of developing a Dental Therapy exam.
• Connecticut and Massachusetts now have statutory requirements that starting in July 2021, a non-patient-based exam must be administered.

Beth reminded the members of the role of the DERB – meaningful exchange of information related to licensure testing topics. She also reminded members that full minutes will not be released for the meeting, only a bulleted summary, which members are requested to use to provide updates to their respective state boards.

Election Results
Dr. Ramos reported the following election results:
• Dr. Dale Chamberlain, President
• Dr. Rob Lauf, President-elect
• Dr. Marshall Titus, Treasurer
• Dr. Aimee Ameline, Dr. Jonna Hongo, Jennifer Porter Members-at-large
• Kathy Heiar, HERB Chair

New Business
The floor was opened for members to request new business to be discussed at the next meeting.

The meeting was adjourned.

Respectfully Submitted,
Denise Diaz
Director of Dental Operations
Executive Summary

HERB members in attendance:

Dale Chamberlain, DDS, President
Brenda Chavez, RDH, Educator Member
Beth Cole, CEO
Phelecia Cook-Gyder, DH Supervisor
Christy Jo Fogarty, RDH, ADT (MN)
Jill Harding, RDH (KS)
Kathleen Harris, RDH (UT)
Janet Ingrao, RDH, Co-Director of DH Exam
Paula Jenkins, RDH (NM)
Michael Johnston, RDH (WA)
Daniel Kelley, Data Specialist
Diane Klemann, RDH (MT)
Jennifer Lamb, RDH (AR)
Meg Woodhouse Long, RDH (ID)

Marilyn McClain, RDH (AZ)
Yadira Martinez, RDH (OR)
Beverly Marsh, RDH (ND)
Sharon Osborn Popp, PhD, Psychometrician
Betty Pate, RDH (NV)
Deborah Polc, RDH (MO)
Kelly Reich, RDH, Co-Director of DH Exam
Laura Richoux, RDH (MS)
Karen Sehorn, RDH (OK)
Marianne Timmerman, RDH (HI)
Patty Weber, RDH (WY)
Gail Walden, RDH (AK)
Robin Yeager, Director of DH Operations

The meeting was called to order at 8:30am by the HERB Chair, Melinda Reich, RDH. Melinda welcomed members and introductions were made.

Committee Reports
Kelly Reich and Janet Ingrao, Co-Directors of Dental Hygiene Exam Development, provided a summary of the written reports on behalf of the Restorative, Local Anesthesia and Dental Hygiene Committees. The reports detailed the work the committees accomplished over the past year and updates for the upcoming exam season.

Psychometric Review
Sharon Osborn Popp, PhD, presented an overview of the 2019 exam statistics, to date. The information provided included pass rates, examiner agreement, exam site comparability, and Candidate performance.

State Board Updates
Each HERB member briefly reported on behalf of their respective State Board or Dental Hygiene Committee.
In addition, Brenda Chavez, the educator member of the board, reported that educators are concerned with the new AAP guidelines and how WREB will be applying those in the exam for 2020. She also mentioned that students continue to appreciate the onsite Q&A sessions. She also wanted to reiterate that schools remain interested in purchasing the calibration typodont models.

**WREB in Review**

Beth Cole provided general updates for the WREB organization.

- Hosted a member state Board Executive Director meeting.
- WREB is in the process of developing a Dental Therapy exam.
- Connecticut and Massachusetts now have statutory requirements that starting in July 2021, a non-patient-based exam must be administered.
- Reiterated that any new sections, tests, etc., that are feasible, implementable and cost effective must be field tested to ensure high validity and reliability before bringing to market.
- Working towards a “Cafeteria Plan” – for member states to select/accept as many testing or component options as necessary to meet their individual state needs.

Beth reminded the members of the role of the HERB, as it relates to member participants focus on clinical licensure testing. She also reminded members that full minutes will not be released for the meeting, only a bulleted summary, which members are requested to use to provide updates to their respective state boards.

Kathy Heiar, RDH, from the state of Illinois, was elected HERB Chair.

The meeting adjourned at 1:30pm.

Respectfully submitted,

Robin Yeager
Director of Dental Hygiene Operations
Selection Criteria: Budget Period - 2020, Fund - 1000 to 6000, DeptID - H7F00000 to H7FZZZZZ, AppropID - H7F0000 to H7FZZZZZ

Break On: Budget Period, Fund, DeptID, AppropID

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Break On: Budget Period, Fund, DeptID, AppropID

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Break On: Budget Period, Fund, DeptID, AppropID

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**Remaining Payroll Projection**

- Full-Time (41000): $0.00
- Part-Time (41030): $0.00
- Total: $0.00

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<th>Account Class and Description</th>
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<th>Encumbered/Committed</th>
<th>Expended</th>
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<tr>
<td>41070 Other Employee Cost</td>
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<td>0.00</td>
<td>0.00</td>
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| Total                       | 0.00           | 0.00          | 0.00                 | 0.00     | 0.00        | 0.00       |
Selection Criteria: Budget Period - 2020, Fund - 1000 to 6000, DeptID - H7F00000 to H7FZZZZZ, AppropID - H7F0000 to H7FZZZZ

Break On: Budget Period, Fund, DeptID, AppropID

**Budget Period:** 2020  **Fund:** 2000  **DeptID:** H7F30000  **AppropID:** H7F9210
Restrict Misc Special Revenue  Dentistry Board  Criminal Background Check Rec

**Remaining Payroll Projection**
- Full-Time (41000): $0.00
- Part-Time (41030): $0.00
- Total: $0.00

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<th>Expended</th>
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<td>10,706.50</td>
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<td><strong>Total</strong></td>
<td><strong>35,200.00</strong></td>
<td><strong>0.00</strong></td>
<td><strong>24,493.50</strong></td>
<td><strong>10,706.50</strong></td>
<td><strong>0.00</strong></td>
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**Report Total**
- 1,549,200.00
- 0.00
- 769,194.88
- 536,884.21
- 243,120.91
- 1,012,315.79
**RE:** Licensing Statistics Report
**TO:** Minnesota Board of Dentistry Members
**SUBMITTED BY:** Joyce Nelson, Director of Licensing
**DATE:** January 31, 2020

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<th>License Type</th>
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<th>Emeritus Active</th>
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<td>4059</td>
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<tr>
<td>Guest Dentist</td>
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<td>19</td>
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<tr>
<td>Full Faculty</td>
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<td>Limited Faculty</td>
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<tr>
<td>Resident</td>
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<tr>
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**Termination Statistics:**

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<td>Full Faculty</td>
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<td>Limited General License</td>
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<td>Dental Therapist</td>
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<tr>
<td>Dental Hygienist</td>
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Reinstatement Statistics:
7/1/19-12/31/19

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Certifications:

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<td>Provider</td>
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<td>Nitrous Oxide</td>
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<td>12,645</td>
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Practitioner Review Committee Reports
January 31, 2020 Board Meeting

1. Practitioner Review Committee Meetings

   Summary reports of the monthly meetings of October 2019 through January 16, 2020 are provided on the following pages for review.

2. Statistics for 2019

   a) **Complaint count** = 275 complaints received as of December 31, 2019.

   b) **Public Actions counts:**

      Corrective actions = 24

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<td>CONDITIONAL + REPRIMAND</td>
<td>1</td>
</tr>
<tr>
<td>CONDITIONAL + STAYED SUSPENSION</td>
<td>5</td>
</tr>
<tr>
<td>REINSTATEMENT</td>
<td>2</td>
</tr>
<tr>
<td>REMOVAL OF LIMITATION</td>
<td>1</td>
</tr>
<tr>
<td>REVOCATION **</td>
<td>0</td>
</tr>
<tr>
<td>SUSPENSIONS:</td>
<td></td>
</tr>
<tr>
<td>▪ SUSPENSION * then, STAYED SUSPENSION / CONDITIONAL</td>
<td>2</td>
</tr>
<tr>
<td>▪ SUSPENSION - Licensee agreed to action *</td>
<td>1</td>
</tr>
<tr>
<td>▪ REMOVAL OF STAY * from current Order for Stayed Suspension /</td>
<td>2</td>
</tr>
<tr>
<td>▪ SUSPENSION per Board Hearing *</td>
<td>2</td>
</tr>
<tr>
<td>▪ TEMPORARY SUSPENSION *</td>
<td>2</td>
</tr>
<tr>
<td>UNCONDITIONAL</td>
<td>9</td>
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<tr>
<td>VOLUNTARY SURRENDER **</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong> =</td>
<td>38</td>
</tr>
</tbody>
</table>

* = Individual can NOT practice; continues to hold a license
** = Individual can NOT practice; no longer holds a license
Complaints By Allegation

Complaints Opened Between 01/01/2019 and 12/31/2019

A - Substandard Care 127
B - Licensure 21
C - Drugs 13
D - Sexual Misconduct 1
E - Auxiliary Misuse 13
F - Unsanitary / Safety 7
G - Advertising 0
H - Unprofessional Conduct 53
I - Fraud 26
J - Failing to Cooperate with the Board 3
K - Unconscionable Fee 0
L - Physical/Mental/Emotional Problem 0
M - Mandatory Reporting 1

Total Count 265

Note: 10 additional complaints from 2019 were "Other" allegations that are not built into this report.
3. **Historical Statistics** –

Complaint and Public Actions for Years 2010 – 2019

### Complaints

<table>
<thead>
<tr>
<th>Year</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>Average Number of complaints per year</th>
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<tr>
<td># complaints</td>
<td>223</td>
<td>226</td>
<td>268</td>
<td>265</td>
<td>263</td>
<td>267</td>
<td>222</td>
<td>196</td>
<td>242</td>
<td>275</td>
<td><strong>245</strong> (over 10 years)</td>
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### Public Actions

<table>
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<tr>
<th></th>
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<tr>
<td>Disciplinary</td>
<td>22</td>
<td>15</td>
<td>35</td>
<td>37</td>
<td>43</td>
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<td>28</td>
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<tr>
<td>Corrective</td>
<td>26</td>
<td>22</td>
<td>27</td>
<td>33</td>
<td>40</td>
<td>24</td>
<td>20</td>
<td>21</td>
<td>32</td>
<td>24</td>
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<tr>
<td>Totals =</td>
<td><strong>48</strong></td>
<td><strong>37</strong></td>
<td><strong>62</strong></td>
<td><strong>70</strong></td>
<td><strong>83</strong></td>
<td><strong>54</strong></td>
<td><strong>48</strong></td>
<td><strong>54</strong></td>
<td><strong>71</strong></td>
<td><strong>62</strong></td>
</tr>
</tbody>
</table>
**PRACTITIONER REVIEW COMMITTEE**  
**MEETING REPORT**

| Meeting date and time | October 10, 2019  
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>7:30 a.m. – 3:30 p.m.</td>
</tr>
</tbody>
</table>

| Absent: Heidi Donnelly, L.D.A. |

| Compliance Reviews    | Six compliance cases were reviewed. |

| Complaint Reviews     | Thirteen complaint cases were reviewed. Multiple cases were closed; others identified as needing conferences; and for another, the committee recommended submission of additional records for its review. |

| Conferences           | Two conferences were held. |

| Case Reviews          | Six case reviews were conducted. Several cases were discussed related to Board Hearings or Mediations proceedings and others were closed. The Committee provided guidance to AGO on several cases. |
### Meeting date and time

#### December 5, 2019

8:00 a.m. – 3:00 p.m.

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Compliance Reviews</td>
<td>Three compliance cases were reviewed.</td>
</tr>
<tr>
<td>Complaint Reviews</td>
<td>Fifteen complaints were reviewed. Multiple cases were closed, and others were identified as requiring additional information to be obtained and brought back to a future meeting. For one complaint, proposed corrective action was recommended.</td>
</tr>
<tr>
<td>Conferences</td>
<td>Two disciplinary conferences were held.</td>
</tr>
<tr>
<td>Case Reviews</td>
<td>Ten case reviews were conducted. Multiple cases were closed; one was identified as requiring a conference; and, proposed disciplinary and corrective actions were recommended for two other matters. Other cases were deferred for review at a meeting in the future.</td>
</tr>
</tbody>
</table>

### Meeting date and time

#### January 16, 2020

8:00 a.m. – 4:00 p.m.

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Compliance Reviews</td>
<td>Eight compliance cases were reviewed.</td>
</tr>
<tr>
<td>Complaint Reviews</td>
<td>Sixteen complaints were on the agenda to review. Multiple complaints were reviewed and closed, while others were held over to be discussed at a meeting scheduled for later in the month.</td>
</tr>
<tr>
<td>Conferences</td>
<td>Two disciplinary conferences were held.</td>
</tr>
<tr>
<td>Case Reviews</td>
<td>Twelve case reviews were conducted. Multiple cases were closed; others were identified as requiring a conference; and others were recommended for proposed disciplinary or corrective actions. One counterproposal was reviewed, and edits were discussed related to the proposed document.</td>
</tr>
</tbody>
</table>
Executive Committee Report on Annual Review of Executive Director

1. Performed Review of the Executive Director has been successfully completed November 14, 2019 by Ms. Fogarty, Ms. Dahl, and Dr. Rake

2. Affirm that the performance of the Executive Director has been exceptional in every respect including without limitation the following:
   a. She has effectively managed the human and financial resources allocated to the Board of Dentistry by statute; and
   b. She has effectively coached, developed, and engaged her staff, and
   c. She has effectively communicated with and developed beneficial relationships with board members and stakeholders within the dental community; and
   d. She has developed and made progress toward a long-term strategy and implemented creative and innovative goals for the Board of Dentistry; and
   e. She has carried out all her duties in an ethical and professional manner at all times.

3. The Executive Committee approves an increase of 3.5% based on the State of MN Managerial Plan Allowance.

Christy Jo Fogarty
TO: Minnesota Board of Dentistry Members
SUBMITTED BY: Angie Rake, DDS, Chair
DATE: January 31, 2020
RE: Sedation Committee Report

Sedation Committee
The Sedation Committee has continued to work on the general anesthesia inspection process and MSOMS has started to do inspections through the new process. The Committee is currently working on the moderate sedation inspection form. The forms and inspection process are similar and both rigorous with safety requirements; facility, monitoring, and medications. Patient selection and medical emergency management are also a focal point of the inspection process.

CSS Providers
Dentists contracting CSS Providers will now have a modified inspection every 5 years due to the fact that they are not performing the sedation themselves, as they are contracting a dentist or CRNA. They will no longer have to have the CSS provider present for the inspection.

Continuing Education
The Committee is currently having discussions regarding continuing education for sedation providers and allied monitoring certificate holders.

**A verbal update will be presented at the January board meeting regarding the January 22, 2020 Sedation Committee Meeting.**
Policy Committee Meetings
The Policy Committee has met twice to discuss dental assisting shortages and brainstorm solutions. We have also met to discuss overall rulemaking project to remove obsolete rules, clean up existing rules, and focus on rule alignment with statutory requirements.

The Policy Committee is bringing forward two MOTIONS for consideration by the full Board:

At the last Committee meeting, we facilitated discussion of the 3100.1320 Limited Dental Assistant proposed rule language. The Committee focused on their goal is to redefine and make the pathway to obtain a registration more feasible for individuals who could be appropriately trained with a Board approved course in radiology and pass the national Dental Assistant National Board (DANB) radiology exam.

MOTION: The Committee would like approval by the full Board to move forward with the following rule language for a limited radiology registration for dental assisting:

3100.1320 LIMITED RADIOLOGY REGISTRATION.

Subpart 1. Registration application and examination requirements. A person seeking registration in Minnesota to take dental radiographs under general supervision of a dentist must provide the following application and examination requirements of the board:

A. a completed application furnished by the board;

B. the application fees in Minnesota Statutes, section 150A.091, subdivisions 2 and 3;

C. satisfactory evidence of having completed a board approved course on dental radiology offered through a school accredited by the Commission on Dental Accreditation;

D. evidence of passing a board-approved nationally recognized radiation examination within the past five years;

E. evidence of passing the board’s jurisprudence examination within the past five years;

F. documentation of current CPR certification as defined by the board; and

G. a criminal background check as required by Minnesota Statutes, section 214.075.
Grandfather provision.
An individual who was issued this credential prior to January 1, 2020 does not have to complete additional requirements to be in compliance with this part.

Subp. 2. Terms and renewal of registration. For the terms and biennial renewal of a limited radiology registration refer to part 3100.1700.

Subp. 3. Reinstatement Requirements.

A. A person seeking reinstatement of a registration after termination of the registration by the board according to part 3100.1700, subpart 3, or voluntarily terminated by the person must provide the following requirements of the board:

1. a completed reinstatement application furnished by the board;

2. the biennial renewal and reinstatement application fees in Minnesota Statutes, section 150A.091, subdivisions 5 and 10; and

3. the applicable provisions in items B to D based upon the length of time since the termination of the registration.

B. If terminated six months or less, the person must:

1. comply with the requirements of subpart 3(A)(1) and (2) of this part;

2. complete a criminal background check as required by Minnesota Statutes, section 214.075; and

3. provide evidence of completing the professional development requirements within subpart 5 of this part within 24 months prior to the board’s receipt of the application.

C. If terminated more than six months but less than 24 months, the person must:

1. comply with the requirements of subpart 3(B) of this part; and

2. provide evidence of passing the board’s jurisprudence examination within 12 months prior to the board’s receipt of the application.

D. If terminated 24 months or more, the person must:

1. comply with the requirements of subpart 3(C) of this part;

2. provide evidence of successfully completing the dental radiology course described in subpart 1(C) of this part within 24 months prior to the board’s receipt of the application; and

3. provide evidence of passing the radiation examination described in subpart 1(D) of this part within 24 months prior to the board’s receipt of the application.
Subp. 4. **Emeritus.** A person having a limited radiology registration cannot apply for an emeritus inactive or an emeritus active license in parts 3100.1340 and 3100.1350.

Subp. 5. **Professional development.** A person having a limited radiology registration must comply with the following professional development requirements:

A. complete a CPR certification course and maintain current CPR certification thereafter; and

B. complete two hours of infection control education and maintain compliance with the most current infection control practices for a dental setting.

At the last meeting, discussion also took place regarding the current rule language pertaining to considerations for referral. The Committee focused on clarifying the rule language to make it more understandable and with the intended purpose.

MOTION: The Committee would like approval by the full Board to move forward with the following rule language for consideration for referrals:

**3100.6900 CONSIDERATION FOR PATIENT REFERRAL.**

A person dentist shall not directly or indirectly offer, give, receive, or agree to receive any fee or other consideration compensation to or from a third party for the referral of a patient in connection with the performance of professional for dental services. Nothing contained in this part shall prohibit a dentist from providing a gift to a patient, or from providing a credit for dental services to a patient.
Program Committee Meeting

The Health Professionals Services Program (HPSP) Program Committee met on Tuesday, November 12, 2019. Of the 18 Minnesota Health Related Licensing Boards, 10 were represented at the meeting.

HPSP Program Manager Monica Feider, MSW, LICSW, notified Committee members that 2020 Program Committee appointments need to be made by the Boards by January 1, 2020. (This will continue to be Ms. Anderson and Ms. Dahl for 2020).

Ms. Feider presented the Mission Statement of HPSP and asked Program Committee members to consider its accuracy and continuous relevance. Discussion followed and a decision was tabled.

A taskforce was appointed by Chair Rasmussen to study the Mission Statement and bring recommendations back to the Program Committee. Members of the taskforce are:
- Jae Hyun Shim, Chair
- James Bialke
- Kathy Polhamus
- Samuel Sands

Kimberly Zillmer, BA, LADC, HPSP Case Manager, will staff the taskforce. (Inclusion & Diversity process in Minnesota document is attached.)

The updated HPSP Manual will be considered at the February 11, 2020, meeting after final review by Ruth Martinez, M.A.

Tracy Erfourth presented a fictional example of how HPSP manages noncompliance with toxicology screens (presentation attached).

The Program Committee was provided the results of HPSP’s Annual Survey of Executive Directors. All responses were positive (see attached). The next meeting of the HPSP Program Committee is scheduled for Tuesday, February 11, 2019, at 10:00 A.M.
INCLUSION & DIVERSITY

What does it mean?
Why is it important?
What can we do?
To understand the importance of inclusion, we must first identify our differences.
What are our differences?

- Race
- Religion
- Gender
- Gender identity
- Sexual orientation
- Ethnic identity
- Country of origin
- Political party
- Geography
- Language
- Disability
- Appearance
- Age
- Level of education
- Socio-economic class
- Public assistance status
- Criminal history
- Veteran status
- Zip code
Minnesota is a leader:

Governor Tim Walz and Lieutenant Governor Peggy Flanagan today announced the hiring of Chris Taylor as the **Chief Inclusion Officer**

April 22, 2019

**About the Chief Inclusion Officer**

The Chief Inclusion Officer will help provide direction to advance the work of diversifying employees and appointments, improve employee retention, expand government contracts with diverse businesses, create equitable policies, programs, and community engagement, and fulfill the Administration’s commitment to become one of the best employers in the State of Minnesota. The Officer will also oversee the One Minnesota Council on Diversity, Inclusion, and Equity established by Governor Walz’s first executive order.

The Chief Inclusion Officer position was created in 2016 by the Dayton Administration. The role, while still housed in the Governor’s Office, has been elevated to Assistant Commissioner status.

[https://mn.gov/governor/news/?id=1055-381497](https://mn.gov/governor/news/?id=1055-381497)
Minnesota is a leader:

Governor Walz Convenes First Meeting of the One Minnesota Council for Inclusion and Equity

September 5, 2019

“I am committed to the values of One Minnesota at every level of state government,” said Governor Walz. “The Council exists to help ensure every action by our administration is done through the lens of One Minnesota. Disparities in Minnesota, including those based on race, geography, and economic status, are unacceptable. We must work every day so that every person who lives in our state can reach their full potential.”

https://mn.gov/governor/news/?id=1055-401958
Minnesota is a leader:

MnDOT: http://www.dot.state.mn.us/diversity-inclusion/

Dept. of Health:
https://www.health.state.mn.us/communities/practice/resources/equitylibrary/aecf-mission.html

Dept. of Management and Budget:
Training: https://mn.gov/mmb/etd/diversity-inclusion/
MnDOT Statement:
An inclusive, diverse environment
MnDOT recognizes the many benefits of a workplace environment that values and embraces individual differences. In fact, diversity and inclusion is one of MnDOT's six core values.
University of MN Statement:

We all share responsibility for equity and diversity—it’s everybody’s everyday work. We value having a diversity of views and experiences that enrich campus life and the academic experience. Equity and diversity is fundamental to everything we do at the University of Minnesota.

https://diversity.umn.edu/
What’s happening around MN:

• https://forumworkplaceinclusion.org/
• https://www.3m.com/3M/en_US/careers-us/working-at-3m/diversity-and-inclusion/
• https://corporate.bestbuy.com/diversity-and-inclusion/
• https://jobs.ecolab.com/working-here/diversity-inclusion/
• https://corporate.target.com/corporate-responsibility/diversity-inclusion
What can HPSP do?

• Values statement?
• Vision statement?
• Staff trainings
• Gather data
  • Are participant outcomes different based on race, gender or age?
INTAKE

- Provided overview of the program
- Read the Tennessen
- Reviewed eligibility
Reason for referral: Participant self-reported to HPSP at the recommendation of their employer after they disclosed their problem use of alcohol.

Vocational History:
- Licensed: 2000
- Current employer: Clinic based setting, employed at the same facility for the past ten years
- Work hours: M-F, 8a-4:30p, no on-call, no rotation, no weekends
- Supervisor: Clinical manager
- Disciplinary action by employer: One written warning this year due to frequent absences
- Disciplinary action by licensing board: Denies
INTAKE CONTINUED

- **Social History:**
  - Married with three children, ages 10, 14, & 19
  - Currently lives with spouse and two youngest children
  - Support system includes: friends and coworkers
  - Current stressors: marriage, spouse is not supportive and continues to encourage drinking
  - Currently has medical insurance through their job
Medical History:
- Denies acute medical concerns
- Denies history of chronic pain
- Denies gastric bypass
- Denies history of head injuries
- Current medications include: Celexa, Vistaril PRN & OTC vitamins
- Primary Care provider: Same provider for the past 12 years
- Pharmacy: Reports using two pharmacies within the past year
**Mental Health History:**

- Denies family history of any mental health disorders
- Denies a family history of any suicides
- Denies a formal mental health assessment but has been treated for depressive symptoms by their primary care provider for the past five years
- Reports fleeting suicidal thoughts within the past month with no plan or intent, as they felt everything “coming down on me.” They deny current suicidal ideation, deny a history of suicide attempts. They identify supportive people in their life they can contact if they are not feeling safe.
- Denies any mental health hospitalizations
**Mental Health History Continued:**

- Psychiatric provider: They deny current or past psychiatric practitioner. They report their primary care provider recommended they see a psychiatric practitioner for medication management but they did not follow through and their primary care provider continues to prescribe their psychotropic medications.

- Therapist: No current provider. They report seeing a marriage counselor for a few months about three years ago.

- Current symptoms: increased anxiety, isolation, irritability, hopelessness and depressed mood.

**Substance Use History:**

- Denies family history of substance use disorders
- Denies formal substance use assessment/diagnosis
Substance Use History Cont.’

Alcohol: First used at age 17, last use was last night

- 17-20: Average use was Friday or Saturday, binge drinking up to 8 beers per occasion
- 21-25: Average of three nights per week, 4-8 drinks per occasion
- 26-30: Average of once per week, 2 drinks per occasion
- 31-40: Reports minimal use, raising children, working full-time
- 41-43 (Present): Use has increased over the past three years to daily use, currently consumes about one pint of liquor per evening for the past year
Substance Use History Cont.'

- Illicit substances: Denies any use or experimental use of illicit substances
- Prescription medications: Denies any use or abuse of prescription medications
- Detox admissions: Acknowledges one detox admission about six months ago, 48 hour stay, declined any assistances with setting up treatment services at that time. They felt that once detoxed they could maintain sobriety. They were sober about two weeks after discharge
- Blackouts: Reports their spouse continues to complain that they do not remember conversations they have in the evening
- Legal: DUI arrest at age 21, dropped to a Careless Driving
- No substance use treatment history
- No support meeting attendance
- Longest sobriety in the past three years was two weeks after discharging from detox
**Diversion:**
- No diversion history—the clinic where they work does not keep any medication on site

**Plan:**
- Request that they refrain from professional practice
- Schedule a substance use assessment—provided three options for an assessment
- Schedule a mental health assessment—provided three options for an assessment
- Mail the Enrollment materials
May 2016:

- Received call from the substance use assessor with the following recommendations:
  - Intensive outpatient treatment
  - Sober support meetings
  - Follow all conditions of HPSP

The assessor plans to follow-up with participant to review their recommendations and assist them with establishing treatment.

- Received copy of participant's mental health assessment with the following recommendations:
  - Individual therapy on-going
  - Psychiatric practitioner for medication management

- Call to participant to review both of their assessments, ask that they follow through with all provider recommendations and to let them know I will be mailing their Participation Agreement today. I asked that they call me to set-up a time to review in person or we can review by phone.
Participation Agreement includes the following:
- 36 months of monitoring
- Enter and complete the recommended substance use treatment program
- Individual therapy and psychiatric provider
- Work site monitor
- Sober support group attendance, minimum of twice per week
- Minimum of nine toxicology screens per quarter

Received signed Participation Agreement from participant
- Mailed them a letter, including forms for monitoring and toxicology card
- Scheduled to begin calling the toxicology line June 2016

Call to primary counselor who indicates participant is actively engaged in treatment and they do not have any concerns about their ability to return to practice, full-time hours
Call to participant to confirm they are welcome to return to practice at this time
Call to work site monitor to provide an overview of the HPSP and to confirm participant can return to practice at this time. I asked that they call if they have any concerns between quarterly reporting time.
July 2016:
- Call to participant due to missing toxicology screen results on July 6. Participant reviewed their forms, they do not have any documentation of completing a screen on that day. Problem screen education provided and requested that they submit a make-up screen.

July 2016:
- Call to participant regarding missing screen results for a make-up screen that was originally requested due to missing a screen on July 6. Participant stated they forgot to submit the make-up screen. Problem screen education was provided again, I requested a make-up screen today and stated they will receive a letter in the mail regarding their two missed toxicology screens.

September 2016:
- Received documentation of successful completion from intensive outpatient substance use treatment

November 2016:
- Call to participant due to missing toxicology screen results on November 9. Participant reviewed their forms, they do not have any documentation of completing a screen on that day. I requested a make-up screen and stated I will be staffing their case for possible report to their licensing board.
- Staffed case-staffing decision is to file a report with the Board due to three problem screens in a four month period
November 2016
***FILED REPORT WITH THE BOARD DUE TO PROBLEM SCREENS***

Reporting summary:
• Profession: Licensed health care professional
• Referral source: Self Report
• Date PA signed: May 2016
• Dates previous reports were made: N/A
• Why report is being filed: Three problem screens in a four month period
• Problem screens:
  • July 6: Not completed day of request
  • July 12: Not completed day of request
  • November 9: Not completed day of request

January 2017
☑ Received memo from the Board, dismissing the report filed in November due to problem screens.
☑ Call to participant to inform them the Board has dismissed the report filed in November
March 2017:

- Received call from participant to self-report a return to use over the weekend. Participant stated they started drinking on the previous Friday through Sunday and were admitted into detox Sunday evening. They stated they will be discharged Tuesday at the earliest. I asked that they arrange to refrain from practice and obtain an updated substance use assessment. [NOT REPORTED]

- Call to work site monitor, they report there have not been any employment concerns. I stated I will call them when participant is able to return to practice.

- Received call from the counselor at detox, they state they are not recommending any further treatment at this time. The counselor indicates they spoke with the spouse and employer for collaterals and there are no concerns at home or at work. The counselor stated participant had been sober from May 2016 until March of 2017 and they believe participant needs to increase the frequency of support meetings to at least three per week and have daily contact with their sponsor. They agreed to fax me a copy of their assessment.

- Received call from participant requesting to return to practice-they have submitted three negative toxicology screens and report they are actively engaged in support meetings and are texting daily with their sponsor. HPSP will lift the request that they refrain from practice.

- Call to work site monitor to confirm participant is able to return to practice.
May 2017:
- Received call from participant stating they forgot to call the toxline on Monday and wanted to know if they missed a screen. A review of their file indicates their color was called Monday. I requested a make-up screen today and explained I will need to file a report with the Board due to this being a fourth problem screen within a 12 month period. I also explained I will be increasing their screens for one quarter.

- Call to the work site monitor—they do not have any employment concerns at this time.

***Filed report with the Board due to problem screens***
Reporting summary:
- Profession: Licensed health care professional
- Referral source: Self Report
- Date PA signed: May 2016
- Dates previous reports were made: November 2016 due to problem screens
- Why report is being filed: Three problem screens in a four month period
- Problem screens/Return to use:
  - July 6 2016: Not completed day of request
  - July 12 2016: Not completed day of request
  - November 9 2016: Not completed day of request
  - March 2017: First/self-reported return to use of alcohol—not previously reported
  - May 2017: Not completed day of request
August 2017:
- Received memo from the Board dismissing the compliant filed in May 2017 due to problem screens.
- Call to participant to let them know the compliant filed in May 2017 was dismissed.

September 2017:
- Received call from participant stating they forgot to call the toxline yesterday, found out from another HPSP participant their color was called so they submitted a screen today. I explained I will be staffing their case to determine if a report needs to be filed with the Board.
- Staffed case-staffing decision is to file a report with the Board due to three problem screens within a 12 month period and one return to use.
- Call to participant to inform them of the staffing decision. I stated I will send them a letter regarding the report being filed with the Board.
September 2017:

***FILED REPORT WITH THE BOARD DUE TO PROBLEM SCREENS***

Reporting summary:

- Profession: Licensed health care professional
- Referral source: Self Report
- Date PA signed: May 2016
- Dates previous reports were made: November 2016, May 2017
- Why report is being filed: Three problem screens in a four month period
- Problem screens/Return to use:
  - July 6 2016: Not completed day of request
  - July 12 2016: Not completed day of request
  - November 9 2016: Not completed day of request
  - March 2017: First/self-reported return to use of alcohol-not previously reported
  - May 2017: Not completed day of request
  - September 2017: Not completed day of request
October 2017:
- Call to participant due to missing compliance from their therapist and sponsor. Participant stated they have not had time to see their therapist or go to many meetings this quarter. They report work has been busy, they are going through a divorce and do not have any time for any appointments or support meetings. We reviewed their Participation Agreement, stressing the importance of focusing on their recovery, especially during stressful times. I asked that they schedule an appointment with their therapist within the next week and return to support meeting attendance.

November 2017:
- Received call from participant stating they are out of town visiting their family and their color was called. They stated they do not have any kits and would not know where to submit a screen. I encouraged them to review the HPSP list of possible collection sites and I will look as well and call them back. I also asked that they notify me in advance if they will be traveling and need assistance with establishing a collection site.

- Spoke with a possible collection site—they stated they can do a collection for HPSP with their kits and are willing to send the specimen to HCMC.

- Call to participant to review the above information and provide the address of the collection site. Participant stated they did not drive, cannot borrow a family members car and are not sure how they will get to the collection site. I suggested they look at public transportation or look at a rideshare option.

- Received voicemail from participant stating they were not able to submit their screen, will be home in two days and will submit a make-up screen at that time.
November 2017

- Call to participant regarding the missed screen while they were out of town. I explained I will need to file a report with the Board due to continued problem screens and explained I am concerned about their compliance with HPSP. Participant stated they are not using, have been sober eight months and do not need this program any further. We reviewed the process of withdrawing from HPSP. Participant stated they do not want to put their licensure in jeopardy and asked if they could be completed from this program. I stated we cannot successfully complete them from HPSP at this time until they have 36 months of documented compliance with their Participation Agreement. Participant ended the call.

- Call to therapist due to concerns about participants engagement in HPSP. The therapist stated participant has been attending monthly appointments and they will talk with participant about the importance of following through with their Participation Agreement and taking better care of themselves. The therapist stated participant is struggling with continued divorce and employment stressors. The therapist stated they have an appointment to meet this week.
November 2017

***FILED REPORT WITH THE BOARD DUE TO PROBLEM SCREENS***

Reporting summary:
- Profession: Licensed health care professional
- Referral source: Self Report
- Date PA signed: May 2016
- Dates previous reports were made: November 2016, May 2017, September 2017
- Why report is being filed: Three problem screens in a four month period
- Problem screens/Return to use:
  - July 6 2016: Not completed day of request
  - July 12 2016: Not completed day of request
  - November 9 2016: Not completed day of request
  - March 2017: First/self-reported return to use of alcohol-not previously reported
  - May 2017: Not completed day of request
  - September 2017: Not completed day of request
  - November 2017: Not completed day of request
Between July 2016- November 2017 participant has missed six toxicology screens and one return to use of alcohol

Reports filed:

- November 2016: Complaint dismissed
- May 2017: Complaint dismissed
- September 2017: Open complaint
- November 2017: Open complaint
QUESTIONS TO CONSIDER

- Are we able to document this participant is managing their illness?
- Do we continue to monitor?
- Is it a public safety issue if we discharge them from HPSP?
- Do we extend monitoring?
- Do we request that they refrain from professional practice for a period of time? If so, how long?
The Health Professionals Services Program (HPSP), requests that the executive directors of the health licensing boards respond to a survey about program services on an annual basis. HPSP utilizes feedback from this survey and from feedback received throughout the year to develop quality improvement measures. Please return the completed survey to HPSP by **August 30, 2019**. Thank you.

<table>
<thead>
<tr>
<th>Questions asked to rate:</th>
<th>-Strongly Agree-</th>
<th>-Agree-</th>
<th>-Disagree-</th>
<th>-Strongly Disagree-</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I am satisfied with the timeframe from the date licensees are referred to HPSP and the date Participation Agreements are established.</td>
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<td>2. I am confident active monitoring (e.g., urine screens) commences within a reasonable timeframe from the date of referral.</td>
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<td>3. I am satisfied with the language and format used in HPSP Participation Agreements and Monitoring Plans.</td>
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<td>4. I am satisfied with the conditions of monitoring established by HPSP.</td>
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<td>5. I am confident that licensees referred to HPSP are being adequately monitored.</td>
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<td>6. I am satisfied with HPSP’s communication with Board staff.</td>
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<td>7. HPSP personnel are open to suggestions from your board.</td>
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<td>8. I am satisfied with HPSP’s determinations about when to report a licensee to the board and discontinue monitoring.</td>
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<td>9. I am satisfied with how HPSP addresses participant non-compliance.</td>
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<td>10. HPSP’s case documentation meets the Board’s needs.</td>
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<td>11. When HPSP asks licensees to refrain from practice, it is done appropriately.</td>
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<tr>
<td>12. I consider HPSP to be a good partner in protecting the public.</td>
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</table>
NARRATIVE QUESTIONS

Please address the following narrative questions (identifying information was removed from the responses):

1) Please provide additional information on any questions rated “disagree” or “strongly disagree” on page #1.
   a. N/A
   b. Not applicable
   c. (left blank)
   d. (left blank)
   e. N/A
   f. (left blank)
   g. (left blank)
   h. Sometimes find that the HPSP has kept individuals with repeated noncompliance in the program without a way to ensure that the licensee is safe to practice. Continued monitoring of licensees who are repeatedly and significantly noncompliant with monitoring does not ensure safe to practice. Another issue is failure to report practice issues or determine that some health issues are impacting practice and need Board intervention. Some participants have been able to avoid reevaluation or are able to subvert the toxicology screens due to their behaviors and life issues. Acknowledge that it is difficult to manage complex cases. Perhaps consideration of referrals for DBT services when behaviors continually impact attempts to maintain adequate monitoring should be considered.

2) What does HPSP do most effectively?
   a. Protects the public by effectively monitoring health care professionals
   b. HPSP seems effective in all areas. If I had to sing one out, it would be reporting monitoring problems to the Board expeditiously — and with sufficient detail.
   c. (left blank)
   d. I think that HPSP is effective in communicating non-compliance and notifying boards in a timely manner. I think that the communications over the years have significantly improved. I think that with the new database and reporting that HPSP will be using will allow for even more efficient processing and organization of reports. I will be happy when other technology project proposals are completed as well and then HPSP and the Boards will have a better mechanism of communication.
   e. In my limited interaction with HPSP (3-5 cases per year), I am consistently impressed with the focus on timeliness and communication by HPSP case managers. Reports are received by Board staff often on the same day they are issued; managers are readily available by phone and/or email.
   f. Accomplish its mission
   g. (left blank)
   h. Good rapport with most clients. Good case notes and documentation of monitoring.

3) What would you like to see HPSP do differently? (Note: We use this information in formulating program goals).
   a. N/A
   b. I see no need for changes
   c. (left blank)
   d. I would like to see some sort of electronic management of cases between the boards and HPSP. Like a portal of sorts or something.
   e. As a small board without one staff person solely assigned to complaint/file management, I greatly appreciate when HPSP staff reach out to Board staff to inquire as to something I may have overlooked. It may be a written response to HPSP following a case filing; it may be inquiring as to whether the Board has taken any action (closure/disciplinary order/etc.) on an HPSP-related file, etc. If the Board has not provided information to HPSP that is expected, an inquiry from HPSP staff may be only thing that causes Board staff to realize that step was overlooked/missed. I’m not sure this is something to do differently, as I believe many HPSP staff are already doing this. I just wanted to convey that it is appreciated and should continue.
   f. No suggestions at this point
   g. (left blank)
h. Discharge those individuals with significant noncompliance. Management of licensee using medical marijuana using best practices. Not confident that initial expectations are fully understood from the start. We are assured information is provided and expected to be read but many do not do this. Could there be an initial orientation to the program to highlight the expectations more clearly?

4) Have you identified any problem(s) with HPSP over the past year that has not been addressed to your satisfaction? If yes, please explain:
   a. None
   b. No
   c. (left blank)
   d. No
   e. No.
   f. (left blank)
   g. (left blank)
   h. See above.

5) Additional comments:
   a. We are very pleased with the good work of the program and its staff
   b. (left blank)
   c. (left blank)
   d. (left blank)
   e. N/A
   f. (left blank)
   g. As we have had very few cases that have moved beyond initiation there are several questions I do not have responses for. Thanks!
   h. (left blank)

Program Manager Response
HPSP and the health licensing boards share the goal of public protection. HPSP is committed to working with the boards to this end. The suggestions listed above have been identified by HPSP staff. HPSP will assess the need for additional staff resources after the updated database projects are complete.
## New Licenses for Ratification

From 9/30/2019 Through 12/31/2019

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<th>Application Type</th>
<th>License No</th>
<th>Licensee Name</th>
<th>Issue Date</th>
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**Dentist By Credential Application**

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**Dentist By Exam Application**

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December 16, 2019

To whom it may concern:

We are requesting a waiver for our current registered Collaborative Agreement which includes one dental hygienist, Celeste Stalberger R.D.H., and two dental assistants, Brenda Carlson L.D.A. and Amanda Moran L.D.A. The dentist is our Dental Director Brandy Larson D.D.S. We are employed with the Department of Health and Human Services at the Indian Health Service, Cass Lake Service Unit.

We have a Dental Outreach program that currently serves the Head Starts and schools grades K-12 on the Leech Lake Reservation. We would like a waiver to add dental assistants to the Collaborative Agreement. Our main clinic at the Cass Lake Hospital employs between six and ten dental assistants at any given time. As the Collaborative Agreement states we can have up to four dental hygienists with two dental assistants under the authorizing dentist. We are asking for a waiver to have all of our dental assistants listed on the agreement so that we do not need to cancel an Outreach day because Brenda Carlson or Amanda Moran are on leave that day.

We proudly serve our Native American community on the Leech Lake Reservation and have a large population to serve. A waiver for additional dental assistants would ensure an increase in Access to Care. Thank you for your consideration.

Sincerest regards,

Celeste Stalberger RDH, CSPDT
Dental Hygienist
Cass Lake IHS Dental Clinic
425 7th St NW
Cass Lake, MN 56633
218-335-3415 (direct)
218-335-3230 (reception)
218-335-3368 (fax)