## MINNESOTA BOARD OF DENTISTRY

# Quarterly Newsletter

I am celebrating a work anniversary! It has truly been my pleasure to serve the citizens of Minnesota as the Executive Director of the Board. The last four years have been extraordinarily meaningful for me, and I look forward to continuing to serve.

Legislative session is in full swing again. The Board has a small policy bill this year relating to the display of licenses. If adopted, the new law will no longer require the display of original licenses. Currently, the law requires display of initial licenses and renewal certificates in all practice locations.

The rulemaking process will commence in May. We are looking to clean up our administrative rules this year; providing more clarification and removing obsolete rules. We also plan on pursuing rulemaking to create a limited radiology registration for assistants that have not meet criteria for full dental assisting licensure but have met appropriate criteria to qualify to take dental radiographs. There is a current shortage of dental assistants in MN and we feel that this will provide a way for an unlicensed dental assistant to obtain additional education and play an important role in the integrated dental team environment. Please see the proposed rule language and more information later in this issue.

I am also pleased to report that the pass rate for

the Dental Assisting State Licensure Examination (DASLE) has increased from 57% to 66%. We developed prep sessions last spring and plan on providing them again this year for any interested programs. We are adding an additional 30 minutes of time on the exam. We are also adding images to the radiology portion of the exam questions, as that is still a challenging category for many candidates. I will continue to focus on lower performing subject areas for the prep sessions that are hosted for students throughout the state.

Ms. Fogarty, Dr. Ismail, Dr. Klampe and I recently attended the annual CDCA conference in Nashville, TN last month. They presented enhancements to the written part of the ADEX dental exam that were presented. Items in the DSE written portion of the exam will include multiple choice (traditional/single response); multiple choice (multiple response), extended match, drop down, fill in the blank, hot spot and drag and drop questions. They are also working on improving the clinical component of the exam by employing a new type of tooth for restorative treatments. They are also creating a written component for dental therapist examinations. This will be launched in a few months.

I recently had the pleasure of representing Minnesota at the annual meeting in Colorado for the Federation of Associations of Regulatory



## A message from Bridgett Anderson, Executive Director

Boards, along with a few other Minnesota Regulatory Board Executive Directors. This conference is very beneficial to understand trends in health licensing and regulation, regulatory reform, regulatory activities and throughout professions. I take a great deal of pride in maintaining balance in regulation. The goal of the Minnesota Board of Dentistry is to fulfill our mission of protecting public health and safety, while maintaining this balance and objectivity consideration, in policy licensing requirements, and case evaluation. We also work to identify laws that can have undue burden to access to quality care for patients. Please review the Board's Statement of Support for a Statewide Culture of Learning, Justice, and Accountability.

We have recently worked to develop online opioid education for providers that are required to obtain two hours of education under a new law that passed last year. The education will be available soon on our website under Professional Development. We will send notice to licensees once it is available and the post-test is online.

Thank you for reading our newsletter! As always, please feel free to engage with the Board, email me with questions/comments bridgett.anderson@state. mn.us.

## March 2020

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## Go Red for Women

The first step of GO is to Get Your Numbers! Checking blood pressure is important. Many dental clinics screen patients' blood pressure so they can help to identify unhealthy blood pressure levels early. The Board supports this effort and would like to share some helpful reminders if your practice screens for high blood pressure.

• Blood pressure machines do not always provide accurate data. Always keep a cuff handy in case a patient has concerning numbers that do not typically correlate with what is expected for their body.

• Have a treatment protocol for screened numbers that require further attention.

• Understand that patients may not know the importance of screening. <u>Click here</u> for more information.

• Patient position and the length of the appointment can influence blood pressure readings.

• Prepare to refer them to their medical provider when concerns about their blood pressure arise.

• White coat hypertension is an increase in a patient's blood pressure while in a clinic setting. If you suspect this has contributed to an irregular reading, try methods to calm the patient and recheck blood pressure if needed.

Blood Pressure Category	Systolic mm Hg (upper number)		Diastolic mm Hg (lower number)	Management
Normal	Less than 120	and	Less than 80	Keep up with heart-healthy habits
Elevated	120 to 129	and	Less than 80	Likely to develop high blood pressure unless steps are taken to control it
High Blood Pres- sure (Hyperten- sion) Stage 1	130 to 139	or	80 to 89	Health care provider may modify pharmacological treatment based on the risk of atherosclerotic cardiovascular disease; positive lifestyle changes are needed
High Blood Pres- sure (Hyperten- sion) Stage 2	140 and higher	or	90 and higher	Health care providers are likely to prescribe a combination of blood pressure medications; positive lifestyle changes are needed
Hypertensive Crisis (Consult a physician imme- diately)	Higher than 180	and/ or	Higher than 120	Requires medical attention; call 911 if there are signs of organ damage

## American Dental Assistants Association -Dental Assistants Recognition Week

Dental Assistants are committed to professional development and quality dental care and are a key part of the dental practice year-round. March 1-7, 2020, has been designated by the American Dental Assistants Association as the perfect time to appreciate these versatile, multi-talented members of your dental team.

There are more than 300,000 Dental Assistants in the United States and Minnesota has over 7,400 licensed dental assistants. Minnesota is in need of even more dental assistants to serve the current population. We encourage you to spread the word about dental assisting as a career and recognize the dental assistants that you know and appreciate!



<u>Click here</u> for resources to use in your clinic and on social media.

## Limited Radiology Registration Proposed Rulemaking

The Board of Dentistry Policy Committee brought a proposal for rulemaking to the full Board last month. The Board approved creating language to go through the administrative rulemaking process. The language would create a limited radiology registration for assistants. This could be beneficial for dental assistants working as unlicensed individuals, because it would allow them to expose x-rays with the appropriate training and registration requirements. The requirements would include a board approved radiology course and passing the DANB radiology examination. For more information and to review the full rulemaking proposal, see the full proposed language. (Starting on page 35). The rulemaking process in MN takes several steps from proposal to adoption, but the Board will start the process in May, along with other rulemaking efforts.

## EMERITUS LICENSURE

As reminder, the а Minnesota Board of Dentistry began issuing **Emeritus licensure statuses** this past summer. We offer two types of licensure: Emeritus Active and Emeritus Inactive. These distinctions are avaiable to dentists, dental therapist, hygienists dental and dental assistants. So far, we have issued 24 Emeritus Active licenses and 46 **Emeritus Inactive licenses.** 

## Emeritus Active

An emeritus active licensee may engage only in the following types of practice:

 pro bono or volunteer dental practice;

 paid practice not to exceed 500 hours per calendar year for the exclusive purpose of providing licensing supervision to meet the board's requirements;

• or paid consulting services not to exceed 500 hours per calendar year.

#### **Emeritus Inactive**

Applicant must retire from active practice in the state.

An emeritus inactive license is not a license to practice, but is a formal recognition of completion of a person's dental career in good standing.

To learn more about the requirements for each and to access the application forms, please click the link below:

https://mn.gov/boards/ dentistry/new-applicant/

## STAR OF THE NORTH CONFERENCE

Every year, Board staff host a booth at the Star of the North Conference. We would love for you to stop by! Catch up with Board staff, ask questions, and get the latest on Board of Dentistry activities! The booth will be located in the rotunda, usually by the schools and other nonprofits. The conference is April 23-25th at the Saint Paul Rivercentre. See you there! https://star.

mndental.org/. You can also fulfill many of your professional development requirements with many different courses and activities offered at the conference.



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## Discplinary/Corrective Actions

Licensee	Date of Order		License Number		Type of Order
BLISKOWSKI, Ashley	10/11/2019		A14817		Conditional
CHANDLER, Katy M. DH	12/20/201	9	H6959		Conditional
CHENEY, Robert H.	10/11/201	9	D11152		Removal of Limitation
CHENEY, Robert H.	11/13/201	9	D11152		Unconditional
DONAHUE, Danielle DH	12/20/201	9	H8486		Conditional
DONAHUE, Danielle DH	12/20/201	9	H8486		Unconditional
<u>GRABOWSKI, Derek J.</u>	11/1/2019		D12072		Removal of Stay/Order of Suspension
GRABOWSKi, Derek J. 12/23/201		9	D12072		FFCO * - Suspension
HEDIN, Gary J.	12/20/201	9	D11959		Conditional + Reprimand
HEGRE, DeLynn J.	11/26/201	9	H6620		Conditional
HICKS, Adante LDA	10/23/201	9	A15694		FFCO* - Conditional & Stayed Suspension
IIJIMA, Janine D.H.	12/20/201	9	H2304		Unconditional
<u>LEE, Xieng Khan</u>	01/17/202	0	D13025		Conditional, Reprimand, Stayed Suspension
MINTALAR, Eric DDS	10/11/201	9	D10553		Unconditional
OLSON, Gregory A.	12/20/201	9	D10240		Conditional
<u>OLSON, Gregory A.</u> 12/20/201		9 D10240			Unconditional
Profession		Violation(s)		Remedies	
Dentist - 10/14/19		Practice without current license		Jurisprudence Community Service	
Dentist - 10/22/19		Auxiliary misuse		Jurisprudence Community Service	
Dentist - 11/01/19		Substandard recordkeeping, Substandard oral surgery		Professional Responsibility Coursework Recordkeeping Coursework	
Dental Assistant - 11/04/19		Practice without current license		Jurisprudence Community Service	
Dentist - 11/07/19		Substandard orthodontics		Orthodontic Coursework Recordkeeping Coursework	
Dentist - 11/21/19		Auxiliary misuse		Jurisprudence Community Service	
Dental Assistant - 01/02/20		Unprofessional Conduct-Other		Ethics and Boundaries Essay Examination	
Dentist - 01/15/20		Inadequate safety/Sanitary Conditions		OSHA Bloodborne Pathogen Coursework	
Dentist- 02/10/20		Infection Control Substandard Recordke Failure to Cooperate w		Unannounced inspections Infection Control Consultant Jurisprudence examination Coursework in infection control, and recordkeeping	
* FFCO - Findings of Fast (				L	

\* FFCO = Findings of Fact, Conclusion of Law, & Order - this type of disciplinary Order is the result of a Hearing before the Full Board, versus being an Order that is presented to the Board as a recommendation for

disciplinary action by the Board's Practitioner Review Committee.

Board Members P. Angie Rake DDS, MS, President Hassan Ismail DDS, Vice President Christy Jo Fogarty DH, ADT, Past President Ruth Dahl, Secretary Heidi Donnelly LDA Ranier Adarve DDS, MS Terry Klampe DDS

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