

Table of Contents  
Board of Dentistry

Agency Profile ..... 1

Program ..... 5

    Dentistry Board ..... 5

        Program Narrative ..... 5

<https://mn.gov/boards/dentistry/>

### AT A GLANCE

- Regulate over 18,200 dentists, dental therapists, dental hygienists, and dental assistants
- Issue over 850 new licenses each year
- Investigate an average of over 300 complaints each year
- Maintain and monitor requirements for dental professional continuing education
- Conduct professional development audits for compliance
- Maintain a registry of 70 dental laboratories
- Maintain a registry of over 950 dental professional firms
- Recognition for innovation nationally and internationally; including being the first state to license dental therapists and create a licensing path for internationally trained dentists and specialists
- Recognized for participation in the development of the DDH Interstate License Compact
- Participate in examining dental and allied dental professional candidates
- Work toward balanced policy to promote health, safety, and access to dental care for Minnesotans
- Serve as the fiscal agent and management oversight for the Administrative Services Unit (ASU)

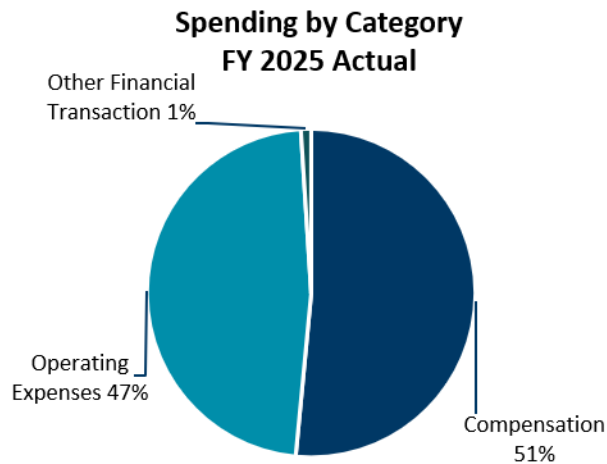
### PURPOSE

The mission of the Minnesota Board of Dentistry is to promote and protect public health and safety and ensure that every licensed dental professional practicing in the state meets the requirements for safe, competent, and ethical practice. We accomplish our mission of public protection through:

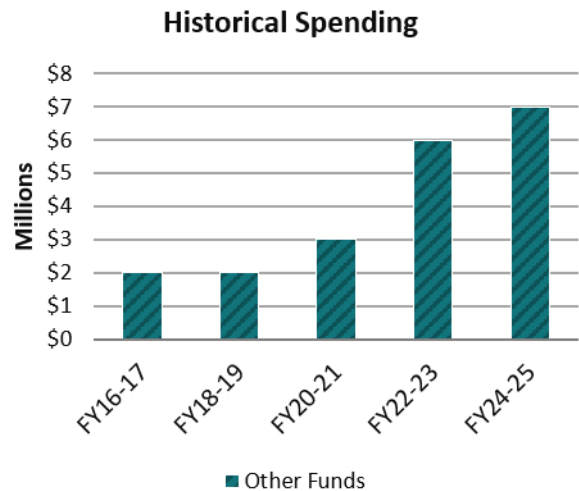
- establishing initial licensure standards (education and examinations) and continued competence standards (professional development)
- enforcing regulations and responding to complaints
- providing students and licensees education, resources, and timely information

Beginning in FY 2022, Dentistry has taken over budgetary responsibility as the fiscal agent for the Administrative Services Unit (ASU) from the Board of Executives for Long Terms Services and Supports (BELTSS).

## BUDGET



Source: Budget Planning & Analysis System (BPAS)



Source: Consolidated Fund Statement

**\*The increases in spending that are reflected in the graphs indicate this change that included the ASU budget within the Minnesota Board of Dentistry budget.**

The Board is funded by licensure fees and receives no general fund dollars. Minnesota Statutes section 214.06, subdivision 1(a) compels the Board to collect fees in the amount sufficient to cover direct and indirect expenditures. Funds are deposited as non-dedicated revenue into the state government special revenue fund. From this fund, the Board receives a direct appropriation to pay for agency expenses such as salaries, rent, equipment, professional technical experts, inspection processes, and other operating expenditures. It also pays statewide indirect costs through an open appropriation.

In addition to Board operations, licensure fees fund activities that proportionately support multiple boards and/or other agencies. Some of these are: Small Agency Resources Team (SmART), Administrative Services Unit (inter-board); Health Professionals Services Program (inter-board); Prescription Monitoring Program (Pharmacy Board); Office of the Attorney General for legal services; Criminal Background Check Program (inter-board); and the Voluntary Healthcare Provider Program (inter-board).

**ASU:** Currently, 19 health and non-health related licensing boards fund the operations of Administrative Services Unit.

## STRATEGIES

The Board accomplishes its mission through services that include: establishing the educational, examination and other qualification standards for initial licensure as dentists, dental hygienists, dental therapists, and dental assistants; determining requirements for license renewal, such as professional development (continuing education); accepting, investigating, and resolving complaints regarding licensed dental professionals and unlicensed practice; infection control and anesthesia inspections; tracking compliance of licensees who are under corrective or disciplinary action of the Board; maintaining professional firm data in compliance with Minn. Statute 319B; disseminating public information; and engaging in policy, law, and rulemaking initiatives to ensure that statutes and rules regulating dental professions remain relevant.

The Board achieves its mission by continuous learning and engagement with dental professionals, dental students, and dental professional educational institutions. The Board strives to address complaints in a timely and efficient manner. The Board continues to look for new methods of communication to engage the public in what we do and how we work to ensure safe dental care is provided to the citizens of Minnesota. The Board has implemented an engagement plan to engage the public and professionals. This plan includes social media, newsletters, and instructional videos.

The Board started a rulemaking project in FY26 to remove some of the undue burdens in the reinstatement of licensure process. We have worked in collaboration with Minnesota allied education programs to develop training for licensees to achieve additional certifications. The current Rules draft will also include expanding the scope of practice to allow, with further education and competencies, additional duties for our licensed allied professionals. These support the process of bringing back qualified professionals to our workforce and expanding the services the licensees can provide Minnesota citizens, while maintaining a process to ensure the public receive quality dental health care from competent dental health care professionals.

During FY26 the Board of Dentistry legislative bill was signed into law and takes effect August 1, 2026. The bill mainly consisted of housekeeping language to better align with the Board's administrative Rules. Of note were Statutory amendments passed to streamline licensure by credentials for out-of-state applicants, and Specialty dentists.

We are working with information technology to improve the quality and quantity measures for licensing and the complaint/ compliance process, including reporting. The specifications that have been developed will eventually be applied to a database that allows our graduates to provide all licensure application materials electronically and aid in the expedited process of our agency to issue licensure.

Our Board continues to work with stakeholders to streamline our internal processes for auditing of licensee's continuing education. This will be available to all licensees and provide them with a platform to electronically submit their continued competency.

**ASU:** The Administrative Services Unit is a centralized business office and facilitates the coordination of financial, human resources, contracting, and other common office services. This allows each board to focus their staff resources on public safety and board specific practices.

## RESULTS

The Board continues to stay current on expectations, opportunities, and standards for regulating dental professionals. The Board has recently implemented three new certifications. The Board is entirely supported by licensing fees and does not receive public funding. It does not provide direct services that use impact evaluations. It does not receive direct funding and is not currently implementing evidence-based practices. The Board cannot currently measure turn around times, from application to licensure, software updates outlined in the above sections will greatly enhance the Board's reporting capabilities.

**Part A: Performance Data**

| Measure name                                                     | Measure type | Measure data source | Historical trend                                  | Most recent data                                 |
|------------------------------------------------------------------|--------------|---------------------|---------------------------------------------------|--------------------------------------------------|
| General Pediatric Endorsement and Moderate Pediatric Endorsement | Result       | Database query      | FY25 – 26 general pediatric, 6 moderate pediatric | FY26 – 5 general pediatric, 1 moderate pediatric |
| Local Anesthesia Certification                                   | Result       | Database query      | FY25 – 187 certifications issued                  | FY26 – 125 certifications issued                 |
| New Licenses Issued                                              | Quantity     | Database query      | FY25 – 959 new licenses issued                    | FY26 – 853 new licenses issued                   |
| Complaints Processed                                             | Quantity     | Database query      | FY25 – 282 complaints processed                   | FY36 – 336 complaints processed                  |

**Part B: Evidence of Effectiveness**

The Board delivers services that have not yet been evaluated using randomized controlled trials or quasi-experimental methods. While the public protection functions of professional licensing boards are not typically subject to randomized controlled trials, substantial evidence supports the underlying theory that regulatory oversight reduces the risk of harm by establishing minimum qualifications, requiring continuing education, investigating complaints, and imposing corrective action when practitioners fail to meet professional standards.

---

Minnesota Statutes Chapter 214 (enabling statute) <https://www.revisor.mn.gov/statutes/?id=214>  
 Minnesota Statutes Chapter 150A (Dental Practice Act) <https://www.revisor.mn.gov/statutes/?id=150A>

**Program: Board of Dentistry****Activity: Administrative Services Unit (ASU)**<https://mn.gov/boards/asu/>**AT A GLANCE**

- Serve 19 health and non-health related licensing boards, their employees, and appointed board members
- Registered 20 Volunteer Health Care Provider Program facilities
- Registered 148 Volunteer Health Care Provider Program volunteers
- Processed 24,800 criminal background checks
- Processed 2,588 deposits/cash receipts

**PURPOSE AND CONTEXT**

The Administrative Services Unit (ASU) provides centralized planning and coordination of operational activities to 16 health-related licensing boards and 3 non-health licensing boards/offices – the Board of Barber Examiners, Board of Cosmetologist Examiners, and the Office of Emergency Medical Services. The services provided include administrative services and facilities management, Continuity of Operations Plan planning and coordination, fiscal and legislative assistance, and liaison between the boards and various state agencies and departments. The purpose of the ASU is to:

- Provide technical assistance on state policies and procedures to ensure sound fiscal practices.
- Assist in the establishment of a consortium of boards to cooperate on matters of common interest.
- Register individuals and organizations for the VHCPP.
- Process criminal background checks for the health-related licensing boards through the Criminal Background Checks Program (CBCP).

**SERVICES PROVIDED**

In 1995 the Health Licensing Boards voluntarily and informally created the ASU to increase efficiencies among the Boards in performing their duties. The ASU was formalized in statute in 2011 (Minnesota Statutes Chapter 214.107).

The ASU initially performed common administrative, financial, and management functions, such as payroll, accounts payable, accounts receivable, purchasing, contracting, budgeting, and human resources. In 2019, many of those functions transitioned through interagency agreement to the Department of Administration, Small Agency Resource Team (SmART). ASU continues to manage deposits and cash receipt corrections, maintain fixed assets, administer shared projects, coordinate facilities management, lead the Continuity of Operations Planning, and provide legislative support.

Additionally, ASU manages the VHCPP, which provides malpractice coverage for physicians, physician assistants, dentists, dental hygienists, dental therapists, advanced dental therapists, and nurses serving in a voluntary capacity at a charitable organization. The ASU provides operational and fiscal oversight to the Criminal Background Check Program, which was created in FY 2015 to process criminal background checks for the health-related licensing boards.

The ASU is funded by the above noted boards and offices and consists of 3 full-time staff members who perform shared business services and legislative support for all the boards. The CBCP consists of 4 full-time staff members and temporary staff as volume warrants. ASU's annual budget is determined by the Executive Directors' Forum.

Since Fiscal Year 2022, the ASU fiscal oversight board is the Minnesota Board of Dentistry. Operational oversight is currently provided by the Board of Occupational Therapy Practice. ASU is managed by the Management Committee of the Executive Directors' Forum, whose membership includes the Executive Directors of the Board of Dentistry and Board of Occupational Therapy Practice.

## RESULTS

### Part A: Performance Data

| Measure                     | Measure type | Measure data source                                                                                                                                                                                        | Historical trend                                                                                                                                                                                          | Most recent data |
|-----------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| Registered VHCPP Facilities | quantity     | Data is documented in an Excel spreadsheet as applications are received and processed. Data reported is the number of registered facilities for Program Year ending April 30, 2026.                        | The number of registered facilities has remained stable since 2019, although actual registrants have changed as facilities drop out and new ones opt in.                                                  | 20               |
| Registered VHCPP Volunteers | quantity     | Data is documented in an Excel spreadsheet as applications are received and processed. Data reported is the number of registered volunteers for Program Year ending April 30, 2026.                        | The number of volunteers has been around 120 since 2023. The number of volunteers in 2026 is closer to numbers seen in the years preceding the COVID-19 pandemic.                                         | 148              |
| Criminal Background Checks  | quantity     | Data is maintained in a Program database. Data reported is the number of background checks billed to the Boards for new applicants for licensure in FY26.                                                  | The number of background checks conducted each year has varied due to the addition of new types of licensees and the influx of out-of-state nurses due to actual and potential nursing strikes.           | 24,800           |
| Deposits and Cash Receipts  | quantity     | Data is maintained in an Excel spreadsheet compiled at the end of each month. Data reported is the number of deposits and cash receipts, including credit card chargebacks, corrections and NSFs for FY26. | Data has only been tracked for two fiscal years. The goal is to decrease the number of physical deposits requiring manual entry by increasing online payment functionality. The total for FY25 was 2,620. | 2,588            |

## Part B: Evidence of Effectiveness

This program delivers services that have not yet been evaluated using randomized controlled trials or quasi-experimental methods. While the public protection functions of professional licensing boards are not typically subject to randomized controlled trials, substantial evidence supports the underlying theory that regulatory oversight reduces the risk of harm by establishing minimum qualifications, requiring continuing education, investigating complaints, and imposing corrective action when practitioners fail to meet professional standards.

---

The authorizing Minnesota statute for Administrative Services Unit is found at:  
<https://www.revisor.mn.gov/statutes/?id=214.107&view=chapter#stat.214.107>

The authorizing Minnesota statute for Volunteer Health Care Provider Program is found at:  
<https://www.revisor.mn.gov/statutes/?id=214.40&view=chapter#stat.214.40>

The authorizing Minnesota statute for Criminal Background Checks Program is found at:  
<https://www.revisor.mn.gov/statutes/?id=214.075&view=chapter#stat.214.075>