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Board of Dentistry: <http://mn.gov/health-licensing-boards/dentistry/>

Health Professionals Services Program (HPSP): <http://mn.gov/health-licensing-boards/hpsp/>

AT A GLANCE

- The Board's main function is the regulation of dental professionals, including:
 - dentists
 - dental therapists
 - dental hygienists, and
 - dental assistants
- The Minnesota Board of Dentistry also serves as the administering Board for the Health Professionals Services Program (HPSP), a shared service offered by the Health Regulatory Boards and the Minnesota Department of Health

[See budget activity narratives for information on the Board of Dentistry and HPSP]

PURPOSE

BOARD OF DENTISTRY: The Minnesota Board of Dentistry was established in 1885 as one of the first regulatory boards in the State of Minnesota. At that time, dentists were the only professionals regulated by the Board, but other dental professionals have been added to the team over the years. The Board manages the licensing, complaint response, and enforcement of laws and rules for all of the dental professions.

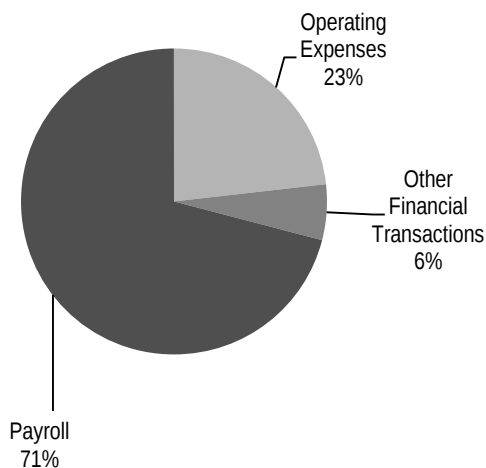
HEALTH PROFESSIONALS SERVICE PROGRAM (HPSP): This program was created in 1994 as a shared program to help protect the public by monitoring health professionals who have illnesses that might prevent them from being able to practice safely. HPSP coordinates intake, assessments, monitoring, screening, and other needed services in a confidential manner.

The Board and HPSP contribute to the statewide outcomes:

- **People in Minnesota are safe**
- **All Minnesotans have optimal health**
- **Efficient and accountable government services**

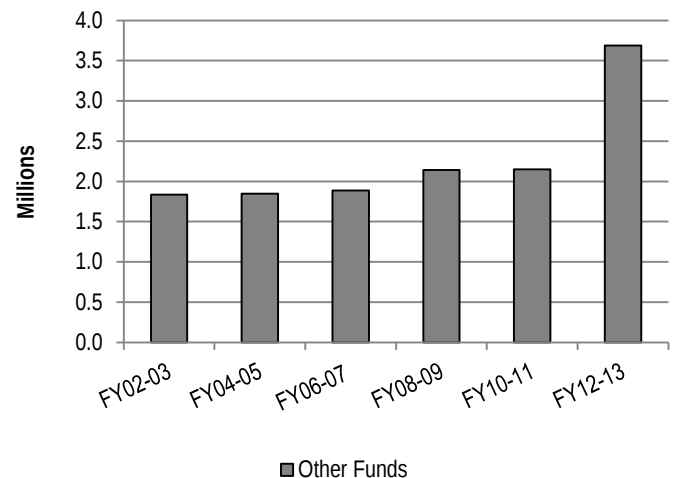
BUDGET

Spending by Category
FY 13 Actual



Source: SWIFT

Historical Spending



Source: Consolidated Fund Statement

The *Dental Board* is supported entirely by fees (and fines) that are deposited in the State Government Special Revenue Fund. Spending of those dollars must be approved by the Minnesota Legislature. The *Dental Board* receives no General Fund dollars. *HPSP* is funded almost exclusively by the Health Regulatory Boards, with some funding from the Minnesota Department of Health for the involvement of its health professionals

STRATEGIES

BOARD OF DENTISTRY:

There are nine Board members, each appointed by the Governor to 4 year terms. Board members use their experience to review issues and complaint cases, but must always try to take the point of view of how best to protect the public (not the professionals). The Board has 5 dentists, 1 dental hygienist, 1 dental assistant, and 2 public members. All dental professionals in Minnesota require a license to practice, and the Board sets the standards for getting and keeping those licenses.

HEALTH PROFESSIONALS SERVICES PROGRAM:

HPSP promotes early intervention, diagnosis, and treatment for health professionals with illnesses and provides monitoring services in lieu of Board discipline, or as a part of Board discipline. Early intervention improves the likelihood of successful treatment, before clinical skills and public safety are compromised. Health practitioners self-refer or are referred to HPSP for the monitoring of their substance, psychiatric and/or other medical disorders, which may impair their ability to practice safely. HPSP protects the public by immediately intervening on health practitioners who are unsafe to practice.

Minnesota Statutes § [214](https://www.revisor.mn.gov/statutes/?id=214) (enabling statute for the Boards and the Health Professionals Services Program)
<https://www.revisor.mn.gov/statutes/?id=214>

Minnesota Statutes § [150A](https://www.revisor.mn.gov/statutes/?id=150A) (dental practice act) <https://www.revisor.mn.gov/statutes/?id=150A>

Expenditures By Fund

	Actual		Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY12	FY13	FY14	FY15	FY16	FY17	FY16	FY17
1201 - Health Related Boards	1,663	2,026	1,919	2,245	2,124	2,124	2,221	2,235
Total	1,663	2,026	1,919	2,245	2,124	2,124	2,221	2,235
Biennial Change				474		84		292
Biennial % Change				13		2		7
Governor's Change from Base								208
Governor's % Change from Base								5

Expenditures by Program

Program: Dentistry Board of	1,663	2,026	1,919	2,245	2,124	2,124	2,221	2,235
Total	1,663	2,026	1,919	2,245	2,124	2,124	2,221	2,235

Expenditures by Category

Compensation	1,342	1,437	1,503	1,684	1,660	1,674	1,739	1,767
Operating Expenses	313	471	415	561	464	450	482	468
Other Financial Transactions	8	118	1					
Capital Outlay-Real Property		0						
Total	1,663	2,026	1,919	2,245	2,124	2,124	2,221	2,235

Full-Time Equivalents

17.1	17.4	17.2	17.2	17.2	17.2	17.3	17.3
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(Dollars in Thousands)

1201 - Health Related Boards

	Actual		Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY12	FY 13	FY 14	FY15	FY16	FY17	FY16	FY17
Balance Forward In		175		140				
Direct Appropriation	1,829	1,861	2,059	2,105	2,095	2,095	2,192	2,206
Open Appropriation	5	1	0	0	29	29	29	29
Cancellations		11						
Expenditures	1,663	2,026	1,919	2,245	2,124	2,124	2,221	2,235
Balance Forward Out	171		140					
<i>Biennial Change in Expenditures</i>				474		84		292
<i>Biennial % Change in Expenditures</i>				13		2		7
<i>Gov's Exp Change from Base</i>								208
<i>Gov's Exp % Change from Base</i>								5
FTEs	17.1	17.4	17.2	17.2	17.2	17.2	17.3	17.3

Dentistry, Board of

FY16-17 Biennial Budget Change Item

Change Item: Operating Adjustment

Fiscal Impact (\$000s)	FY 2016	FY 2017	FY 2018	FY 2019
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Health Related Boards Fund				
Expenditures	84	84	84	84
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	84	84	84	84
FTEs	0.1	0.1	0.1	0.1

Recommendation:

The Governor recommends additional funding for compensation and operating costs associated with the delivery of Board of Dentistry services. This amount represents a 7% increase over the board's existing appropriation in FY16-17. The recommended increase in board funding is offset by a series of licensing and permit fee adjustments described in a separate change item.

Rationale/Background:

Each year, compensation costs rise due to labor contract settlements and changes in employer-paid contributions for insurance, FICA, Medicare, retirement, and other factors. The Board of Dentistry recognizes that increased spending authority will be necessary to absorb this increase and address operational needs that cannot be absorbed in its FY16-17 base budget. These needs include rent, IT systems support, communication, out-of-state travel and increased use of a part-time staff dentist that reviews complex compliant cases. Board generated revenues will be sufficient to sustain the additional spending authority provided that the recommended fee increases are also enacted.

Proposal:

The Governor recommends increasing the Board of Dentistry's appropriation by \$84,000 per year. This funding is intended for the following purposes:

- **Staff salary adjustment (\$50,000/year)**
This funding represents the increased compensation costs associated with existing employees.
- **Increased hours for part-time staff dentist to review complex complaint cases (\$16,000/year)**
As the number of complex cases addressed by the Board increases, so does the reliance on the reviewer. This funding would increase the position from a 0.1 FTE to a 0.2 FTE level.
- **Rent increases (\$2,000/year)**
- **Communications (\$2,000/year)**
Although the Board strives to move as much of its communications to electronic means as possible, there are costs for managing the e-mail database and producing electronic newsletters that this request is intended to absorb.
- **Out-of-state travel (\$14,000/year)**
The Board of Dentistry has reduced its out-of-state travel budget in FY16-17 in order to submit a balanced budget. The reality is that the Board relies on its relationships with national organizations to remain current with changing practices and connected with dental regulatory professionals. Most significantly, the board is engaged in developing and administering clinical examinations that are offered nationally, and to which the board is obligated to participate.

Results:

The Board challenges itself to stay current on expectations, opportunities and standards for regulating dental professionals. We take pride in being effective and efficient in our complaint process, improving our licensing procedures while maintaining high standards, and keeping our operating costs as low as possible. The additional spending authority request in this proposal is driven by established, negotiated contracts and the need to provide continued availability of reviews of complex dental complaint cases.

The primary statewide outcome that will be impacted by this change item is to provide continued efficient and accountable government services.

Statutory Change(s):

N.A.

Dentistry, Board of

FY16-17 Biennial Budget Change Item

Change Item: Fee Increase

Fiscal Impact (\$000s)	FY 2016	FY 2017	FY 2018	FY 2019
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Health Related Boards Fund				
Expenditures	0	0	0	0
Revenues	\$385	\$385	\$385	\$385
Net Fiscal Impact = (Expenditures – Revenues)	(\$385)	(\$385)	(\$385)	(\$385)
FTEs	0	0	0	0

Recommendation:

The Governor recommends that licensing and permit fees assessed by the Board of Dentistry be increased as shown in the "Proposal" section of this change item. These increases are expected to generate an additional \$385,000 per year in fee revenue that is needed to support existing board functions and cover the cost of a proposed operating adjustment. \$385,000 represents 25% of the total amount of fee revenue collected by the board in FY14.

Rationale/Background:

The proposal includes adjustments to statutory maximums that cap the value of individual licensing and permit fees. The Board of Dentistry is somewhat unique in having its fees created with a maximum, rather than a static amount, and has found that this allows greater flexibility and timeliness when reacting to financial environments that may require increases or decreases in fees. Adjustments in statutory maximums are necessary due to a gap between board expenditures and collections. This gap has been brought about as the number of regulated dental professionals reached a plateau. Each year, compensation costs rise due to labor contract settlements and changes in employer-paid contributions for insurance, FICA, Medicare, retirement, and other factors. Slow growth in the number of dental professionals paying fees leaves the board with limited ability to absorb this increase within its existing fee structure. Although the board instituted a fee adjustment in recent years, it was the first change to fees since 1999, when the Board reduced its fees. It has been many more years since the fee maximums were last adjusted in statute.

Proposal:

The table below shows proposed adjustments to eight existing fees assessed by the Board of Dentistry. Note that there are four columns provided. The columns consist of the fee name, current amount for each license renewal type, the fee the board anticipates assessing under the proposal, and the proposed "not to exceed amount" to be enacted statutorily. Additionally, the proposal would establish two new fees for services that are currently being provided without charge. Those include a charge of \$250 for a Dental Therapist to take the examination to qualify for certification as an Advanced Dental Therapist and institution of a late payment penalty for failure to submit professional firm renewal fees in a timely manner. Both of these new fees will help offset actual costs involved in providing the related services.

Biennial renewal fees	Current Fee	Proposed Actual Charge 2016-2017	Proposed New Fee Max In Statute
Resident Provider	55	75	85
Faculty License	336	425	475
Dentist	336	425	475
Dental Hygienist	118	150	200
Licensed Dental Assistant	80	110	150
Dental Therapist	180	240	300
Dental Laboratory	25	50	80
Anesthesia Provider	250	325	400
Miscellaneous fees			
Advanced Dental Therapy Examination (NEW)	0	250	250
Corporation/Professional Firm Renewal Late Fee (NEW)	0	15	15

Results:

By establishing the proposed fee structure, the board will collect revenues sufficient to carry out its mission. If this fee increase is not granted, the board will have to reduce its staff, resulting in longer response times for complaints to be addressed, delayed disciplinary actions, and delayed issuance of licenses. With regard to complaint resolution, the Board would most likely be able to address only the most egregious violations, possibly creating an environment where licensees have less incentive to comply with regulations established to protect the public. Higher licensing and permit fees will enable the board to avoid these adverse impacts on public health and safety.

Statutory Change(s):

The Board's fees are found in MN Stats. §150A.091.

Dentistry, Board of

FY16-17 Biennial Budget Change Item

Change Item: Operating Adjustment for Health Professionals Services Program

Fiscal Impact (\$000s)	FY 2016	FY 2017	FY 2018	FY 2019
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Health Related Boards Fund				
Expenditures	13	27	27	27
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	13	27	27	27
FTEs	0	0	0	0

Recommendation:

The Governor recommends additional funding for compensation related costs associated with the delivery of agency services. This amount represents an annual increase of 1.8% for compensation costs.

Rationale/Background:

Each year, compensation costs rise due to labor contract settlements, and changes in employer-paid contributions for insurance, FICA, Medicare, retirement, and other factors. Absorbing this increase in compensation costs within existing agency base appropriations results in reduced staffing and/or reduced non-compensation spending.

Proposal:

The Governor recommends increasing agencies' General Fund budgets for employee wage and benefit costs by 1.8% per year for FY 2016-17. Agencies were instructed to include a 1.8% increase to total compensation each year in their base budgets, based upon the compound annual compensation spending rate increase per FTE over the last ten years for executive branch employees. This recommendation is intended to allow agencies to maintain their current level of agency operations.

For non-General Fund direct appropriated funds, the Governor's budget recommendations also include an adjustment of 1.8% per year, where the amount can be supported by the source of revenue.

Results:

This proposal is intended to allow agencies to continue to provide current levels of service and information to the public.

Statutory Change(s):

N.A.

Program: Dentistry, Board of

Activity: Dentistry, Board of

<http://mn.gov/health-licensing-boards/dentistry/> or www.dentalboard.state.mn.us

AT A GLANCE

- Over 17,000 dentists, dental therapists, dental hygienists, and dental assistants are regulated by this Board
- 400 new licenses are issued each year
- We investigate nearly 300 complaints each year
- Requirements for continuing education are set and then audited for compliance. 60-70% of the licensed dental professionals who are audited pass; others need additional work
- We maintain a registry of almost 200 dental laboratories
- We are recognized nationally and internationally for innovation (including being the first state to license *dental therapists*)

PURPOSE & CONTEXT

The Board of Dentistry exists to protect the public and ensure that Minnesota citizens receive quality dental care from competent dental health care professionals. We also act as the administering board of the Health Professionals Service Program (HPSP) on behalf of the health regulatory boards and the Minnesota Department of Health.

SERVICES PROVIDED

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; tracking compliance of those licensees who are under corrective or disciplinary action of the Board; registering professional firms; disseminating public information; and engaging in policy initiatives to ensure that statutes and rules regulating dental professions remain relevant.

RESULTS

The Board challenges itself to stay current on expectations, opportunities and standards for regulating dental professionals. We take pride in being effective and efficient in our complaint process, improving our licensing procedures while maintaining high standards and keeping our operating costs as low as possible.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
Quantity	Number of licensed Dental Therapists	0	43	FY 2011 - FY 2015
Quality	Board cost per licensee (measure of efficiency)	\$ 84.83	\$ 88.60	FY2011-FY2014
Quantity	Percentage of complaint cases resolved through corrective or disciplinary board action (measure of complexity and integrity)	16.6 %	28.0 %	FY2012-FY2014

Legal citations:

Minnesota Statutes § [214](https://www.revisor.mn.gov/statutes/?id=214) (enabling statute) <https://www.revisor.mn.gov/statutes/?id=214>

Minnesota Statutes § [150A](https://www.revisor.mn.gov/statutes/?id=150A) (Dental Practice Act) <https://www.revisor.mn.gov/statutes/?id=150A>

(Dollars in Thousands)

Expenditures By Fund

	Actual		Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY12	FY13	FY14	FY15	FY16	FY17	FY16	FY17
1201 - Health Related Boards	991	1,293	1,126	1,358	1,273	1,273	1,357	1,357
Total	991	1,293	1,126	1,358	1,273	1,273	1,357	1,357
Biennial Change				200		62		230
Biennial % Change				9		2		9
Governor's Change from Base								168
Governor's % Change from Base								7

Expenditures by Category

Compensation	750	821	810	944	918	935	984	1,001
Operating Expenses	234	374	316	415	355	338	373	356
Other Financial Transactions	8	98	0					
Capital Outlay-Real Property		0						
Total	991	1,293	1,126	1,358	1,273	1,273	1,357	1,357
Full-Time Equivalents	9.9	10.0	9.5	9.5	9.5	9.5	9.6	9.6

1201 - Health Related Boards

	Actual		Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY12	FY 13	FY 14	FY15	FY16	FY17	FY16	FY17
Balance Forward In		138		90				
Direct Appropriation	1,125	1,157	1,216	1,268	1,258	1,258	1,342	1,342
Open Appropriation	2	0	0	0	15	15	15	15
Cancellations		3						
Expenditures	991	1,293	1,126	1,358	1,273	1,273	1,357	1,357
Balance Forward Out	136		90					
<i>Biennial Change in Expenditures</i>				200		62		230
<i>Biennial % Change in Expenditures</i>				9		2		9
<i>Gov's Exp Change from Base</i>								168
<i>Gov's Exp % Change from Base</i>								7
FTEs	9.9	10.0	9.5	9.5	9.5	9.5	9.6	9.6

Program: Health Professionals Services Program

Activity: Health Professionals Services Program

<http://mn.gov/health-licensing-boards/hpsp/>

AT A GLANCE

- Serves the 15 health regulatory boards, the Emergency Services Regulatory Board, the Department of Health, and the practitioners they regulate
- Over 500 health practitioners referred annually
- Over 500 health practitioners discharged annually
- An average of 600 health practitioners are active in HPSP at a time
- 8 Employees

PURPOSE & CONTEXT

The Health Professionals Services Program's (HPSP) mission is to protect the public by monitoring regulated health professionals whose illnesses may impair their ability to practice safely. HPSP achieves its mission by promoting early intervention, diagnosis, and treatment as an alternative to board discipline. Early intervention improves the chances for successful treatment before clinical skills are limited and patients may be harmed

SERVICES PROVIDED

Health practitioners self-refer or are referred to HPSP for the monitoring of their substance, psychiatric and/or other medical disorders which may impair their ability to practice safely. HPSP protects the public by immediately intervening on health practitioners who are unsafe to practice, which directly contributes to the statewide outcome that **people in Minnesota are safe**. Additionally, HPSP's enabling legislation allows some practitioners to report to HPSP without board involvement.

To accomplish its mission, HPSP provides the following services to regulated health practitioners in Minnesota:

- Determine whether health practitioners have potentially impairing illnesses that warrant monitoring and implement immediate practice restrictions if appropriate (HPSP interventions start even before monitoring contracts are signed)
- Create and implement monitoring contracts for health practitioners with potentially impairing illnesses
- Monitor health practitioners' professional practice, continuing care, and compliance with monitoring contracts
- Report practitioners who are unsafe to practice or who violate the conditions of their monitoring contracts to their regulatory board
- Provide outreach and education to professional schools, health care employers, treatment programs and other stakeholders about HPSP services

RESULTS

HPSP protects the public by implementing monitoring contracts that require accountability and provide structure for practitioners to manage their illnesses. HPSP also protects the public by identifying and addressing non-compliance with treatment and monitoring. This includes reporting or discharging practitioners to their regulatory boards where they may face disciplinary action. The measurements below do not show factors that contribute to practitioner non-compliance with monitoring (i.e. financial resources, insurance, stable support system). As HPSP reports more practitioners to their regulatory boards for non-compliance with monitoring, the boards, in turn, refer more practitioners to HPSP for re-admittance. The numbers below reference the number of persons referred to HPSP, the number discharged from HPSP, and percent of discharged practitioners readmitted.

Type of Measure	Name of Measure	Previous	Current	Dates
Quantity	Number of practitioners referred	466	501	FY09 & FY14
Quality	Percent of monitoring contracts signed within 60 days	85%	90%	FY09 & FY14
Quantity	Number of practitioners discharged to their board due to non-compliance with monitoring*	223	253	FY09 & FY14
Quality	Percent of practitioners readmitted	27%	30%	FY09 & FY14

*Continued and increased reports from HPSP enable boards to take disciplinary action and later, in turn and if appropriate, refer practitioners back to HPSP for monitoring.

The Health Professionals Services Program's legal authority comes from M.S. 214.28-36

(<https://www.revisor.leg.state.mn.us/statutes/?id=214>)

Budget Activity: Health Profess Service
Program

Budget Activity Expenditures Overview

(Dollars in Thousands)

Expenditures By Fund

	Actual		Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY12	FY13	FY14	FY15	FY16	FY17	FY16	FY17
1201 - Health Related Boards	672	734	794	886	851	851	864	878
Total	672	734	794	886	851	851	864	878
Biennial Change				274		22		62
Biennial % Change				20		1		4
Governor's Change from Base								40
Governor's % Change from Base								2

Expenditures by Category

Compensation	593	616	694	740	742	739	755	766
Operating Expenses	79	97	99	146	109	112	109	112
Other Financial Transactions		20	1					
Total	672	734	794	886	851	851	864	878

Full-Time Equivalents

7.2	7.4	7.7	7.7	7.7	7.7	7.7	7.7
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Budget Activity: Health Profess Service
Program

Budget Activity Financing by Fund

(Dollars in Thousands)

1201 - Health Related Boards

	Actual		Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY12	FY 13	FY 14	FY15	FY16	FY17	FY16	FY17
Balance Forward In		37		49				
Direct Appropriation	704	704	843	837	837	837	850	864
Open Appropriation	3	1	0	0	14	14	14	14
Cancellations		8						
Expenditures	672	734	794	886	851	851	864	878
Balance Forward Out	35		49					
<i>Biennial Change in Expenditures</i>				274		22		62
<i>Biennial % Change in Expenditures</i>				20		1		4
<i>Gov's Exp Change from Base</i>								40
<i>Gov's Exp % Change from Base</i>								2
FTEs	7.2	7.4	7.7	7.7	7.7	7.7	7.7	7.7