

Table of Contents
2016-17 Biennial Budget – Dentistry, Board of

Agency Profile – Dentistry, Board of..... 1
Dentistry, Board of..... 4
Health Professionals Services Program..... 5

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

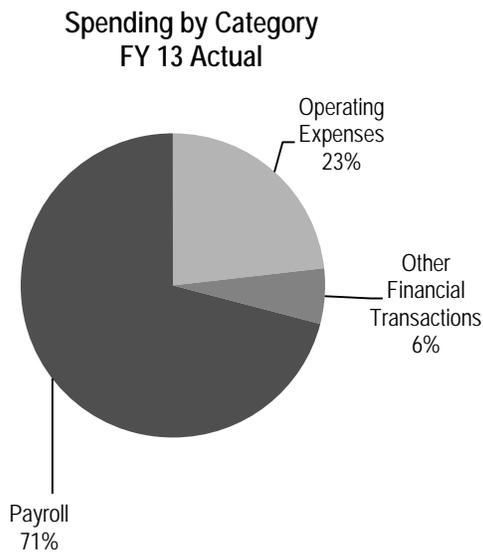
BOARD OF DENTISTRY: The Minnesota Board of Dentistry was established in 1885 as one of the first regulatory boards in the State of Minnesota. At that time, dentists were the only professionals regulated by the Board, but other dental professionals have been added to the team over the years. The Board 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.

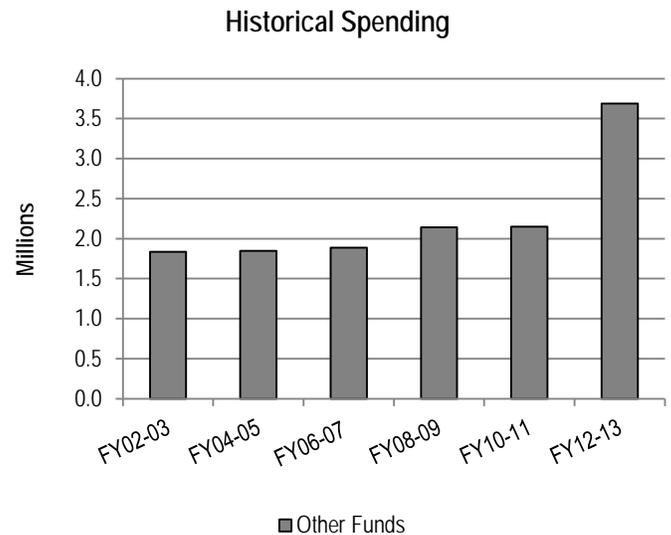
The Board and HPSP contribute to the statewide outcomes:

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

BUDGET



Source: SWIFT



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>

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>	
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>

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.

<i>Type of Measure</i>	<i>Name of Measure</i>	<i>Previous</i>	<i>Current</i>	<i>Dates</i>
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>