

**Agency Purpose**

The Minnesota Board of Dentistry is established under Minnesota Statutes (M.S.) 214 with the responsibility of protecting the public as the official regulatory agency for dental professionals. The Board was created in 1885, and enforces M.S. 150A and Minnesota Rules chapter 3100 relating to the professional practice of dentists, dental therapists, dental hygienists, and dental assistants.

The mission of the Board is to:

- ensure that Minnesotans receive quality dental health care from competent dental professionals;
- protect the public by issuing licenses only to those who meet the minimum standards of education and practice;
- promote continued competency of regulated dental professionals through establishing and monitoring professional development standards; and
- provide timely and impartial resolution of complaints filed against regulated dental professionals.

**At a Glance**

(annual data as of 6/30/10)

**Licensing**

- 3988 Dentists
- 0 Dental Therapists (first licenses expected 2011)
- 5179 Dental Hygienists
- 7098 Licensed Dental Assistants
- 25 Guest Licenses (dentists, hygienists, assistants)
- 28 Limited or Full Faculty licenses
- 63 Resident Dentists
- 888 Professional Firms Registered

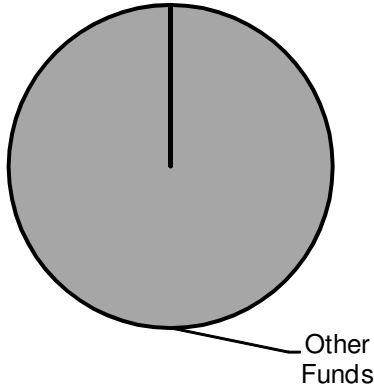
**Complaints & Discipline**

- Investigate ~250 complaints against regulated dental professionals
- Resolve 33 complaints through corrective action
- Resolve 16 complaints through disciplinary action
- Support monitoring of dental professionals in Health Professional Services Program (avg 12/mo)

**Professional Development/Continuing Education**

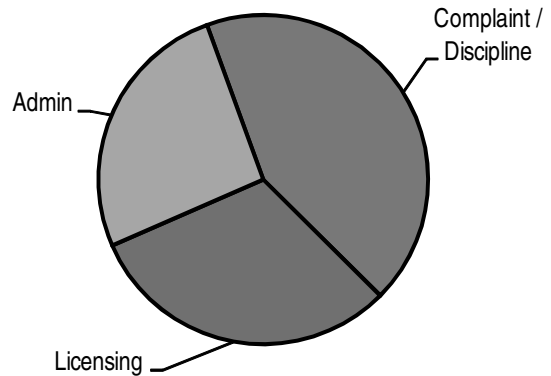
- 85% of Portfolios Passed Audit

**Est. FY 2010-11 Expenditures by Fund**



Source: Consolidated Fund Statement.

**Est. FY 2010-11 Expenditures by Service**



Source: Board expenses allocated to the services provided by the board.

**Strategies**

Core functions of the Board are established to protect the public by ensuring that dental professionals comply with the Board's rules and practice in a professional, legal, and ethical manner. The Board's core functions are:

- Establishing minimum standards for initial licensure (education, testing, etc);
- Ensuring that those who are awarded a professional dental credential by the Board continue to meet established standards throughout their careers;
- Identifying those who fail to maintain the minimum standards necessary to render quality care safely to patients;
- Responding to complaints and taking timely and appropriate disciplinary or corrective actions when warranted;
- Providing accurate and current information to the public to enable them to make informed decisions about their dental health care.

**Operations**

The Board consists of nine members appointed by the governor to staggered four year terms, and a staff of 10.5 FTE who manage day to day operations of the Board. The appointed Board members include: five dentists, one dental hygienist, one licensed dental assistant, and two public members.

The full Board typically meets five times per year. The Board also appoints several committees (e.g. executive, complaint, licensure and credentials, professional development, policy, etc) that meet throughout the year.

At the end of FY2009, the Minnesota Board of Dentistry assumed responsibility as the administering Board for the Health Professionals Services Program (HPSP), a joint program of the Health Regulatory Boards to protect the public from health professionals with illnesses that could impact their ability to practice safely through:

- Providing intake and assessment services;
- Creating and implementing monitoring contracts;
- Monitoring the continuing care and compliance of participants, and
- Consulting with licensees, licensing boards, health employers, practitioners, and medical/health communities.

**Key Activity Goals & Measures**

The Minnesota Board of Dentistry operates under goals that are consistent with *Minnesota Milestones* that promote the health of Minnesotans and the cost effectiveness of government by designing services to meet the needs of Minnesotans through appropriate regulation of the dental professions.

The Board has also developed a strategic plan with additional, specific goals to ensure the relevance of board regulations, enhance communications with the public and licensees, continually assess and modify systems and processes to maximize efficiencies and effectiveness.

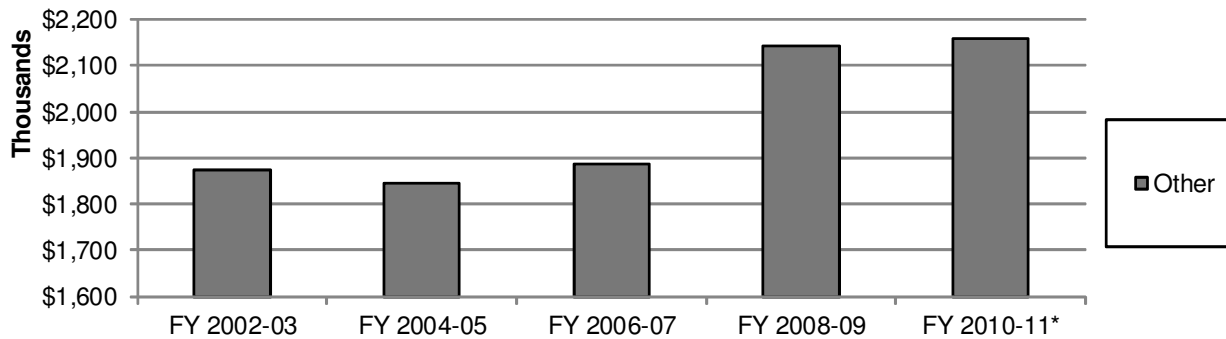
**Budget Trends Section**

The board is responsible for collecting sufficient revenue to cover both direct and indirect expenditures. The board is estimated to collect \$2,852,000 in FY 2010-11, which is 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 activities such as salaries, rent, costs for disciplinary/contested cases and operating expenditures. It also pays statewide indirect costs through an open appropriation. In FY 2010-11, total expenditures for these purposes are estimated at \$2.16 million. The chart below shows funding trends over the last five biennia for the direct and open appropriation.

The number of licensees regulated by the Board continues to rise, as do the number of complaints and the complexity of the cases. The Board last changed fees in 1999 by *lowering* fees to all regulated dental professionals; however, the Board anticipates that it will need to increase fees in the upcoming biennium.

**Total Expenditures by Fund**



*\*FY 2010-11 is estimated, not actual*

*Source data for the previous chart is the Minnesota Accounting and Procurement System (MAPS) as of 07/31/10.*

Board fees are also responsible for covering a prorated share of support functions provided outside of the Board itself. These include legal support (Attorney General), statewide e-licensing system development and operations (Office of Enterprise Technology), centralized administrative support (Health Boards Administrative Services

Unit), funding for services to health professionals (Health Professionals Services Program), monitoring program (Dept of Health – HIV/HBV/HCV), malpractice insurance (volunteer Health Care Provider Program), and controlled substance program (Prescription Electronic Reporting). In FY 2010-11, some of the health boards' reserves in the state government special revenue fund were also transferred to the general fund. The table below displays direct and open appropriation expenditures, external support costs (prorated share), and the general fund transfers (prorated share) estimated in FY 2010-11.

	FY 2010-11 (in thousands)
Board's Direct and Open Appropriations	\$ 2,160
Board's External Support Costs and Transfers (prorated Share)	
• Attorney General support	512
• E-licensing support	179
• Central administrative service unit	111
• Health professional service program	35
• General fund transfer	0
• Dept of Health-HIV/HBV/HCV	5
• Volunteer Health Care Provider Program	32
• Prescription Electronic Reporting	51
	Total 3,085
Fees Collected by Board	\$2,852
	Prorated Surplus/(Deficit) (233)

In most years, Board fee revenues exceed direct expenditures and external support costs, and as directed by law, the surplus is used to maintain a reserve in the state government special revenue fund. It should be noted here that the FY 2010-11 transfers to the General Fund, along with unanticipated increases in the support costs discussed above, have resulted in the Board's fee revenue not covering its prorated costs and transfers.

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**Contact**

Minnesota Board of Dentistry  
2829 University Avenue South East, Suite 450  
Minneapolis, Minnesota 55414

The Board's website, <http://www.dentalboard.state.mn.us>, provides visitors easy access to useful and current information about regulated dentistry in Minnesota. The website includes regulatory news and updates, rules and statutes (including proposed changes), public notices and forms, newsletters, on-line license verification, texts of disciplinary actions, on-line renewal and change of address, etc.

Executive Director: Marshall Shragg, MPH  
Phone: (612) 617-2250  
Non-Metro Toll Free: 1-888-240-4762  
Fax: (612) 617-2260  
TDD: 1-800-627-3529

The Health Professionals Services Program (HPSP) maintains its own web site at: <http://www.hpsp.state.mn.us>