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1) Q. What is the public health, safety or welfare rationale for licensing and regulating your profession?

   A. Dental professionals have a direct and immediate effect on the health, safety and welfare of the people of Montana. The actions of the professionals can be irreversible; therefore a monitoring system is needed. While most dental professionals are very ethical and have a high set of morals, there are those few who will do or attempt to do things which are inappropriate.

2) Q. If your profession were not licensed, what protection would be lost?

   A. Most, if not all, public protection would be lost. The patient would have very little re-course except thru the legal system. Sometimes the board is able to intervene and by sample or complex dialog is able to rectify the problem.

3) Q. If a license is necessary (for health, safety, or welfare) does the profession/occupation need a board for oversight? If yes, please explain why and describe the purpose of creating a board.

   A. There must be some type of monitoring system with-in the dental profession. If not there would not be protection for the public and they would have no place to turn.

4) Q. Does your board deal with unlicensed practice issues? If yes, what type of issues?

   A. Yes it does deal with unlicensed practice issues.
   Some of those unlicensed practice issues include:

      1. Failure to re-apply for licensure.
      2. Those who lack continuing education.
      3. People who lack dental education to perform services in which they are providing.

5) Q. People who are not licensed but are qualified in an occupation or profession may feel that a licensing board is preventing them from earning a living what is my response?

A. While attending dental school it is engrained in our minds there are certain hoops which we must jump thru in order to obtain our license. Those hoops include taking national boards I & II as well as a regional exam. Upon passing those exams we then apply for licensure for a particular state or states.
If there is an individual who truly is qualified, according to statute they may apply for a license by going thru the appropriate process.

6) Q. How does your board monitor bias among board members toward a particular licensee, an applicant or a respondent (to unlicensed practice)? How does your board monitor bias toward a particular profession/occupation, if more than one profession or occupation is licensed by the board?

A. Our board is made up of intelligent, independent thinkers. None of them are easily swayed one way or the other. All board members listen to the information and materials presented to them and form their own opinion. The board members take their responsibility to serve the people of Montana very seriously and the health, safety and welfare of the public is their primary focus while serving on the board. Turf wars between different occupations served by the board are frowned upon.

Mission of WREB

The mission of WREB is to be a leading developer and administrator of consistently valid, reliable, state-of-the-art competency assessments, administered with honesty, integrity, and appropriate technology via a collaborative effort of its administrative staff, educators, consultants, and examiners for Dental Health Care Providers and State Agencies that license dental professionals.
WREB administers clinical licensure test for dentists and dental hygienists. In addition to the dental hygiene examination, WREB also tests candidates' competency in local anesthesia and restorative in states where this is within the hygienist's scope of practice. WREB also provides a Clinical Skills Assessment to evaluate the skills of dentists returning to practice after an interruption in practice.

History of WREB

The concept of a regional testing service originated with Dr. Martin Kolstoe of Oregon. Dr. Kolstoe was the prime organizer who worked diligently to assure the success of the regional testing concept. His original idea was to have a Northwest Regional testing service, and he gathered testing information from a variety of sources. As time went by, his horizons broadened, and the idea of a Western Regional Board was born.

The idea was further explored in 1975 at a joint meeting of the American Association of Dental Examiners and the Western Conference of Dental Examiners and Dental School Deans. The idea of a Western Regional Board was discussed among the thirteen states of the Western Conference. Utah was looking for an affiliation of this type, since they did not have a proper facility for conducting examinations, and was forced to use hotels, prisons, etc. as examination sites. During the meeting, Utah made an arrangement with Oregon to have a simultaneous examination.

In November of 1976, the states formally incorporated WREB (Western Regional Examining Board) and in June of 1977, the first exam was given under the auspices of the WREB in Oregon. Oregon withdrew from WREB in 1981, but rejoined in January 1992.

- Arizona became a member in 1978, and in June 1978, the first exam was given with the three-state membership. The first Dental Hygiene exam was given in 1979.
- In April of 1979, Montana became a member of WREB. It participated in its first WREB exam in June 1979.

7. Does the profession or occupation have one or more associations that could provide oversight without the need for a licensing board? Why not use the association as the oversight body?

The associations like the Montana Dental Association, Montana Denturist Association, Montana Hygiene Association, and Montana Dental Assistants Association are political and self-serving in nature. They have been set up to advance their professions and their focus may or may not address the will, needs, and protection of the general public pertaining to a particular issue.

8 .Is a licensing board needed in order for the practitioner to bill to receive insurance (for example, health insurance)? If so is there an alternative method for billing that may be recognized rather than having a license or being regulated by a licensing board?

Dental insurance companies ask for a practitioner`s license and use it to validate a practitioner. I personally do not know of an alternative method of billing.

The same answer could be said of a dentist`s professional –liability insurance. Those companies also use the license as a way of validating and rating the risk of insuring the practitioner. They check and see if a practitioner`s license has ever been suspended, revoked, or issued with a provisional status.

9. What are the benefits of a board being part of the licensing, and discipline process instead of the department handling one or both?

The expertise provided by the professionals on the board is essential to the process of handling the licensing and discipline process. Professionals would have to be brought in to provide opinions on almost every case if the department was solely in charge. I can give examples.

10. Is there an optimum ratio between licensees, board size, or public representation?

I don`t know of an optimum size of licensees served by the Board of Dentistry. We meet quarterly. Our meetings generally start at 7am and run until late afternoon. We often have a working lunch. We have the occasional teleconference to address issues in between the quarterly meetings on matters of urgency. Lay people on the board provide a valuable service by their

neutrality. As Montana continues to grow, the scope and board size may have to be addressed. At this time and in the foreseeable future, it is very workable board structure.

11. If the board`s purpose includes protecting public welfare, would that protection be handled better by the Attorney General`s office than by the board? (In other words, is there a value in a disinterested third party? If not, why not? Who should be responsible for monitoring fraud within the profession or occupation?

12. I believe that the Board of Dentistry and it`s licensing overview greatly reduces the case load that has to go through the Montana legal system. This is a money saver for the state. Fines issued to licensees go into Montana`s general fund or to the patient. Many Montanans would rather go through the Board of Dentistry rather than the legal system. The Board gives those who don`t have financial resources an avenue to address an issue with a health care provider. Some of the public do not like to participate in the legal system by filing a law suit and they use the board as a means of addressing their problems with the health care treatment or services they have received. Expert points of view are almost always needed to protect the public welfare and settle differences of opinion when it comes to health care issues. Fraud monitoring is very important. Fraud can be addressed in the legal system. Medicaid fraud and other public insurance fraud has to be monitored by Medicaid or the public insurance.

12. If boards have overlapping scopes of practice, should there be a third-party to determine whether there is intrusion into the other`s practices. If so who should be the judge? If not, why not? Should each be allowed to operate on the other`s turf without repercussions?

13. Boards or their representatives should be able to meet with one another if there are overlapping disputes. Someone from the department could act as a judge if no agreement is reached. Statute 37- 1-107 also addresses this. 37-1-107. Joint meetings -- department duties

14. Should any board have the ability to limit the use of certain terminology to only a licensee?

Terminology is important when addressing the public and the qualifications of licensees. That is one of our purposes is to protect the public from people claiming they have qualifications they do not have.

Surely, in the public realm, Doctor of Dental Surgery (D.D.S.) Doctor of Dental Medicine (D.M.D.) and Licensed Denturist (L.D.) imply that person has the training, education and qualifications to be licensed in the profession.

- **In January of 1980, Colorado became a** member of WREB. **Colorado withdrew from WREB in 1983.**
- **In March of 1985, Idaho became a member of WREB.**
- **In July of 1987, Alaska became a member of WREB.**
- In January of 1988, New Mexico became a member **of WREB.**
- **In 1994, Texas and Oklahoma became** members of WREB.
- **In 1995,** Washington became a member of WREB.
- In 2000, Wyoming became a member **of WREB.**
- **In 2006, California** became a member of WREB (Dental Only).
- In 2007, Missouri became a member of WREB.
- In 2008, Kansas became a member **of WREB.**
- In 2009, North Dakota became a member of WREB.
- **In 2010, California accepts Dental Hygiene WREB results.**
- **In 2011 Nebraska** accepts WREB results. West Virginia becomes **an affiliate member of** WREB.