



STATE OF IOWA

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

IOWA DENTAL BOARD
CONSTANCE L. PRICE, EXECUTIVE DIRECTOR

AGENDA

Meeting July 13-14, 2010
Iowa Dental Board
400 SW 8th St., Suite D
Des Moines, Iowa

Tuesday, July 13, 2010

8:30 a.m.

Dental Hygiene Committee Meeting – Closed Session

9:30 a.m.

Closed Session – pursuant to Iowa Code section 21.9*

CONSIDERATION OF EXECUTIVE DIRECTOR POSITION

* A meeting of a governmental body to discuss strategy in matters relating to employment conditions of employees of the governmental body who are not covered by a collective bargaining agreement under chapter 20 is exempt from this chapter. For the purpose of this section, "employment conditions" mean areas included in the scope of negotiations listed in section 20.9.

10:30 a.m.

Open Session

Opportunity for Public Comment

Call Meeting to Order

Minutes of Previous Meetings

Executive Director Report

Phil McCollum, Interim Executive Director

Legal Update

Theresa O'Connell Weeg, Assistant Attorney General

ELECTION OF OFFICERS

Chairperson

Vice Chairperson

Secretary

EXECUTIVE DIRECTOR APPOINTMENT

Gary Roth, D.D.S.

DENTAL HYGIENE COMMITTEE

Election of Dental Member

COMMITTEE APPOINTMENTS

IPRC

Anesthesia Credentials Committee

Continuing Education Advisory Committee

Licensure/Registration Committee

Dental Assistant Registration Committee

Ad-Hoc Examination Committee

2011 BOARD MEETINGS

Set 2011 Board Meeting Dates

11:00 a.m.

EXAMINATIONS

CRDTS – Central Regional Dental Testing Service, Inc.

Dental Steering Committee Report

Appoint Board member representative

CRDTS – Central Regional Dental Testing Service, Inc.

Dental Examination Review Committee Report

Appoint Board member representative

CRDTS – Central Regional Dental Testing Service, Inc.

Dental Hygiene Examination Review Committee Report

Marijo Beasler, RDH

COMMITTEE REPORTS

Anesthesia Credentials Committee

Gary D. Roth, DDS, Chairperson

Review of Applications Pending

Consideration of Requests for Waiver

Continuing Education Advisory Committee

Course and Sponsor Consideration

Dental Hygiene Committee

Committee Report

VaLinda Parsons, RDH, Chairperson

11:30 a.m.

ISSUES FOR CONSIDERATION

Volunteer Health Care Provider
Rules for Discussion
Appearance: IDPH Representative

American Association of Dental Boards
American Association of Dental Administrators
Status of Memberships

Use of Restalyn, Botox, and Other Derma Fillers by Licensed Dentists
No Comments Received

Cost of Initial Licensing and Renewal
For Discussion

Denture Cleaning Services
For Discussion

CONSIDERATION OF RULES

650 Iowa Administrative Code
Various Chapters
Miscellaneous Provisions
Comments Received

Annual Regulatory Plan
For Review

LEGISLATION

2011 Legislative Session
Felony for Illegal Practice of Dentistry
Corporate Practice of Dentistry
Examination Required for Dental Licensure

APPLICATIONS FOR LICENSURE/PERMIT/REGISTRATION

Consideration of Applications Pending *
Consideration of Requests for Waiver

Opportunity for Public Comment

12:30 p.m. Lunch Break

1:30 p.m. Consideration of Complaints*

5:00 p.m.

Adjournment

Wednesday, July 14, 2010

8:30 a.m.

Consideration of Complaints*

Open Session

Adjournment

If you require the assistance of auxiliary aids or services to participate in or attend the meeting because of a disability, please call the office of the Board at 515/281-5157.

The times given for discussion of agenda items are approximate times and are intended to serve only as a general guide. The actual time of the discussion of each agenda item may occur earlier or later than the stated time.

*This portion of the meeting may be conducted in closed session to discuss confidential matters that may concern examination information, peace officers' investigative reports, attorney records related to litigation, patient records and reports on the condition, diagnosis, care or treatment of a patient, or investigation reports and other investigative information which is privileged and confidential under the provisions of Sections 22.7(2), 22.7(4), 22.7(5), 22.7(9), 22.7(19), and 272C.6(4) of the 2009 Code of Iowa.

These matters constitute a sufficient basis for the Board to consider a closed session under the provisions of Section 21.5(1), (a), (c), (d), (f), (g), and (h) of the 2009 Code of Iowa. These sections provide that a governmental body may hold a closed session only by affirmative public vote of either two-thirds of the members of the body or all of the members present at the meeting to review or discuss records which are required or authorized by state or federal law to be kept confidential, to discuss whether to initiate licensee disciplinary investigations or proceedings, and to discuss the decision to be rendered in a contested case conducted according to the provisions of Iowa Code chapter 17A.

**IOWA BOARD OF DENTAL EXAMINERS
ANESTHESIA CREDENTIALS COMMITTEE
MEETING SUMMARY – MAY 18, 2010**

The Anesthesia Credentials Committee of the Iowa Dental Board met on Tuesday, May 18, 2010, at the University of Iowa College of Dentistry, Iowa City, beginning at 1:00 p.m.

Committee members present and participating were as follows.

Gary Roth, DDS, Committee Chair
Jeff Westlund, DDS
Richard Burton, DDS
Steven Clark, DDS
Doug Horton, DDS (via teleconference)
Dennis Lowman, DDS
Kaaren Vargas, DDS

The following staff were also present.

Constance L. Price, Executive Director
Jennifer Hart, Executive Officer
Phil McCollum, Investigator

REVIEW OF RESPONSES PENDING

Committee members were notified that all existing permit holders were notified of the recent changes to board rules that require that moderate sedation permit holders have completed an accredited residency program to provide moderate sedation to pediatric or medically compromised patients. Existing permit holders were asked if they had completed the required training and if they intended to utilize moderate sedation in pediatric or medically compromised patients.

Currently there are 34 dentists who hold an active permit for moderate sedation. Of the responses received, seven permit holders had completed the required training and requested that they be allowed to provide moderate sedation to pediatric patients. These dentists were issued a new permit certificate that indicated they were authorized to provide moderate sedation to pediatric patients. One of these dentists also requested to provide moderate sedation for medically compromised patients and was issued a new permit certificate authorizing him to provide moderate sedation for both pediatric and medically compromised patients. Permit holders who indicated they did not want to provide moderate sedation to pediatric or medically compromised patients were issued a new certificate that indicates the permit is not authorized for pediatric or medically compromised patients.

There are six dentists who responded that they would like to provide moderate sedation to pediatric or medically compromised patients but who do not meet the training requirements

specified in the rules. These permit holders will need to apply for a waiver of the training requirements.

WAIVERS

Committee members were advised of the waiver process outlined in board rules. Permit holders who would like to provide moderate sedation to pediatric or medically compromised patients and who do not meet the training requirement must obtain a waiver of board rules to be issued a permit to provide sedation to these patients. The waiver process requires an applicant to submit a waiver petition that explains the relevant facts and reasons that the petitioner believes justify a waiver. There are four criteria for issuing a waiver:

1. Application of the rule would impose an undue hardship on the person for whom the waiver is requested;
2. Waiver from the requirements of the rule in the specific case would not prejudice the substantial legal rights of any person;
3. Provisions of the rule subject to the petition for a waiver are not specifically mandated by statute or other provision of law; and
4. Substantially equal protection of public health, safety, and welfare will be afforded by a means other than that prescribed in the particular rule for which the waiver is requested.

Committee members were asked for general guidance on the information they would need to review waiver requests and make a recommendation to the board. Subrule 29.4(9) requires that a dentist utilizing moderate sedation on pediatric or ASA category 3 or 4 patients must have completed an accredited residency program that includes formal training in anesthesia and clinical experience in managing these patients. Committee members discussed that to ensure substantial equal protection of public health and safety, permit holders who do not have an accredited residency program should be prepared to document substantially equivalent training by way of their overall education, experience and background.

Committee members expressed concern that it appears some of the dentists who want to provide sedation to pediatric or medically compromised patients do not appear to have experience managing these patients or seem to not recognize that providing sedation to high risk patients in a dental office is not the safest environment for these patients. Committee members noted that permit holders with advanced training in a residency program typically elect not to sedate these patients or to sedate them only in a hospital environment. The advanced permit holders recognize the inherent risks of sedating these high risk patients and chose only to do so in a hospital environment so that they would have access to specialized life saving equipment and advanced personnel should an emergency situation present.

Committee members asked staff to obtain a copy of the CODA guidelines for pediatric residency programs and also look at guidelines for a general practice residency to see the typical level of experience and training provided by these programs in providing sedation to pediatric or ASA 3 or 4 patients. This will give committee members a basis for comparing the education and experience of permit holders who will be requesting waivers. Committee members also advised that it would be useful for permit holders requesting a waiver to document not only their

experience and training specifically with respect to pediatric and ASA 3 or 4 patients but also their protocols and procedures in providing moderate sedation to these patients.

Staff will contact these dentists and provide them with a sample waiver petition and additional guidance on the waiver process. Waiver requests will be forwarded to committee members for review and recommendation to the board.

BOARD RULES

Committee members were provided with a current copy of 650 Iowa Administrative Code—Chapter 29, which contains the latest rules related to sedation and nitrous oxide inhalation analgesia. The latest rule changes became effective on April 14, 2010. Committee members were also advised that staff are updating application forms to reflect the changes.

FREQUENTLY ASKED QUESTIONS

Committee members reviewed a draft response to frequently asked questions received about the updated sedation rules. All actively licensed dentists in the state were recently mailed a letter informing them of the sedation rules changes specifically related to minimal sedation. Staff have received several inquiries about minimal sedation since the letter was mailed. Draft responses to these inquiries were reviewed. Committee members provided additional guidance in responding to several of these questions. The revised FAQ responses will be posted on the board website.

The committee meeting adjourned at approximately 2:00 p.m.

Iowa Dental Board

Minimal Sedation Rules FAQs

- 1. What if a physician prescribes an antianxiety medication (e.g. Valium), or the patient takes an antianxiety medication for which they have a standing prescription, how does that affect the dentist's prescribing ability the day of treatment?**

The licensed dentist would be permitted to administer a single supplemental dose of the same prescription drug, no greater than ½ the original dose after it has been determined the clinical half-life of the original dose has been reached. The total aggregate dose shall not exceed 1.5 times the MRD on the date of treatment.

In the case of pediatric or medically-compromised patients, the licensed dentist would be restricted from administering any medications for anti-anxiety purposes, including nitrous oxide.

- 2. Do these rules limit the administration of local anesthetics?**

No.

- 3. In regards to the record keeping requirements for minimal sedation, how do the following need to be documented in the patient's chart?**

- a. Oxygenation** – color of mucosa, skin or blood must be evaluated continually. Oxygen saturation by pulse oximetry may be clinically useful and should be considered.
- b. Ventilation** – The dentist and/or appropriately trained individual must observe the chest excursions continually. The dentist and/or appropriately trained individual must verify respirations continually.
- c. Circulation** – Blood pressure and heart rate should be evaluated pre-operatively, post-operatively, and intra-operatively as necessary (unless the patient is unable to tolerate such monitoring).

- 4. When does dosing start? (e.g. Dentist prescribes 5mg of valium for anxiolysis the evening before treatment. Can the dentist then administer another full dose the morning of treatment? Or would that constitute 2 doses?)**

Dosing starts at the time the first dose is taken by the patient prior to the scheduled appointment. The half-life of the drug would need to be reached before an additional dose is administered or prescribed.

- 5. In treating pediatric patients, can a dentist increase the percentage of nitrous oxide for a short time for any reason when administered via the mouth?**

No. The concentration of nitrous oxide may not exceed 50%.

6. Do the new rules affect a dentist's ability to utilize nitrous oxide with patients?

Yes, with some qualifications.

- a. In the case of pediatric or medically-compromised patients: dentists are limited to prescribing a single drug or administering nitrous oxide up to a concentration of 50% for the purposes of minimal sedation. Nitrous oxide cannot be combined with a prescription drug for the purposes of anti-anxiety unless the dentist holds a moderate sedation permit.
- b. In the case of healthy non-pediatric patients (age 13 or older): dentists may utilize nitrous oxide in combination with a single drug (where the total dosage does not exceed 1.5 MRD on the day of treatment) for the purposes of minimal sedation.

7. What reliable sources are available to determine the clinical half-life of a drug?

Consult the Physician's Desk Reference or a licensed pharmacist.

8. Is the use of drugs that contain a combination/mixture of drugs allowed in combination with nitrous oxide?

The use of any compounded drug, like Mepergan Fortis, would automatically constitute moderate sedation for which a sedation permit is required.

Hart, Jennifer [IBDE]

From: Hart, Jennifer [IBDE]
Sent: Wednesday, June 16, 2010 4:52 PM
To: Dennis Lowman, D.D.S.; Douglas Horton, D.D.S.; Gary Roth, D.D.S.; Jeff Westlund, D.D.S.; 'drkaaren@corridorkidsdentistry.com'; Richard Burton, D.D.S.; Steven Clark, D.D.S.
Cc: Price, Constance [IBDE]; McCollum, Phil [IBDE]
Subject: Murray Waiver Request
Attachments: Murray Waiver Petition.pdf; ACC Meeting Summary 10May18.pdf

Dr. Edward Murray has submitted his request for waiver of the moderate sedation rules related to use of sedation in pediatric patients. Attached is the waiver petition and supporting documentation.

Board rules require that a waiver may only be granted if the following criteria have been met:

1. Application of the rule would impose an undue hardship on the person for whom the waiver is requested;
2. Waiver from the requirements of the rule in the specific case would not prejudice the substantial legal rights of any person;
3. Provisions of the rule subject to the petition for a waiver are not specifically mandated by statute or other provision of law; and
4. Substantially equal protection of public health, safety, and welfare will be afforded by a means other than that prescribed in the particular rule for which the waiver is requested.

The waiver petition addresses each of the four criteria. Please review the documentation supplied and let me know your recommendation to the board on Dr. Murray's request. Please try to provide sufficient reasons to justify your recommendation (for example, because he is a board certified pediatrician and has provided moderate sedation on an ongoing basis since 1975...). The reason(s) should be based on the particular circumstances of his background, education, or training.

I am also attaching the meeting summary from our last meeting in Iowa City. If you have any questions or would like additional information prior to considering the request, please feel free to contact me.

Jennifer Hart, Executive Officer
Iowa Dental Board
400 SW 8th St, Suite D
Des Moines, IA 50309
☎ Phone (515) 281-0997 ☎ Fax (515) 281-7969
<http://www.dentalboard.iowa.gov>

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RECEIVED
JUN 09 2010
IOWA DENTAL BOARD



Children's Dentistry

OF COUNCIL BLUFFS

40 Northcrest Drive, Suite 1
Council Bluffs, Iowa 51503
(712) 328.9605 (Telephone)
(712) 328.9608 (Fax)
www.ChildrensDentistryofCB.com

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Iowa Dental Board

Attn:

Jennifer Hart

Number of Pages (Including Cover Sheet):

16

From:

Edward B. Murray D.D.S.

Comments:

If there is any way to expedite the decision-making process it would be greatly appreciated. Thanks

Dr. Murray

BEFORE THE IOWA DENTAL BOARD

**Petition by Edward B. Murray D.D.S., for the
waiver of 650 IAC subrule 29.4(9)
relating to use of moderate sedation for
pediatric or ASA category 3 or 4 patients**

}
}
}

**PETITION FOR
WAIVER**

**1. Petitioner's name, address, and telephone number. All communications concerning the
petition can be directed to the address, phone, and e-mail address listed below.**

**Edward B. Murray D.D.S.
40 Northcrest Drive, Ste. 1
Council Bluffs, Iowa 51503
Work Telephone: 712-328-9605
Home Phone: 712-328-7010
Email: mamurray@cox.net**

**RECEIVED
JUN 09 2010
IOWA DENTAL BOARD**

**2. I am requesting a waiver of 650 Iowa Administrative Code subrule 29.4(9), which states, "A
dentist utilizing moderate sedation on pediatric or ASA category 3 or 4 patients must have
completed an accredited residency program that includes formal training in anesthesia and
clinical experience in managing pediatric or ASA category 3 or 4 patients. A dentist who does
not meet the requirements of this subrule is prohibited from utilizing moderate sedation on
pediatric or ASA category 3 or 4 patients."**

**3. Describe the specific waiver requested, including the precise scope and time period for which
the waiver will extend: I would like the Board to grant a permanent waiver to 650 IAC subrule
29.4(9), which prohibits a dentist from utilizing moderate sedation on pediatric patients unless
the dentist has completed an accredited residency program. In lieu of compliance with this
subrule, I would like the board to accept the following education, training, and clinical
experience: I am a board-certified pediatric dentist practicing in Council Bluffs since 1975. I
have 35 yrs. of experience observing, working with and treating children. I am a current
conscious sedation permit holder and also current in BLS and ACLS.**

**My moderate sedation education comes from a number of sources. First: I have taken the
American Academy of Pediatric Dentistry's comprehensive sedation course four times since
2003. I have also taken several other courses from different sources. So far I have approximately
79 hours of continuing education since 2003 related to conscious/moderate sedation. Secondly: I
have worked closely with my partner, Dr. Joseph Quattrocchi, from the time we received our
conscious sedation permits. He is a very well-trained pediatric dentist who had the advantage of
a training program that included sedation/anesthesia rotations. Being able to discuss, observe and
confer with him concerning sedation cases has proven to be a valuable learning experience. And
finally over the years of practice I have developed very good relationships with my anesthesia
colleagues in the hospital environment. They have allowed me to acquire valuable experience
"bagging down and intubating" a number of my pediatric general anesthesia cases. They have
also been a ready resource for any questions/concerns I might have about the delivery of sedation
to pediatric patients. Copies of my attendance, location and number of hours are included.**

It should be of some note that in the years 07, 08, and 09 I have completed a total of over 100 sedation cases. I am comfortable with the type of sedation that we utilize and feel qualified to continue to provide this service in the same manner in which I have done for the past 4 years.

4. Explain the relevant facts and reasons that the petitioner believes justify a waiver. Include in your answer all of the following:

a. Undue Hardship. Compliance with the rule would impose an undue hardship caused by the time, expense, and burden to complete an accredited residency program when I have similar background, training, and experience in providing sedation to this patient group. Additionally, if a waiver is not granted this would impose an undue hardship on Dr. Quattrocchi as he would then be the sole source for treatment under moderate sedation in our practice. This would also have a significant detrimental effect on our patient population in terms of the timely access to their dental needs under moderate sedation and a significant financial burden to the parents and/or the state associated with the alternative use of general anesthesia.

b. Why Waiving the Rule Would Not Prejudice the Substantial Legal Rights of Any Person. Waiver of the rule would not prejudice the substantial legal rights of any person because I have substantially similar education and experience as that required in the rule. This ensures and protects public health, safety, and welfare.

c. The Provisions of the Rule Subject to the Waiver are NOT Specifically Mandated by Statute or Another Provision of Law. Iowa Code Chapter 153 does not mandate the requirements of rule 650—29.4(9) (153).

d. Substantially Equal Protection of the Public Health, Safety, and Welfare has been Afforded. The subrule that I am requesting a waiver from helps to ensure that dentists who provide moderate sedation to pediatric or ASA category 3 or 4 patients have received additional training beyond the minimal level of training required for managing healthy adult patients, as recommended by the American Dental Association. In lieu of completing an accredited residency program that includes formal training in anesthesia and clinical experience in managing pediatric patients, I have the following substantially similar background, training, and experience in managing these patient groups: I think that I have already outlined my similar background, training, and experience in managing this patient category in Section 3.

My protocols and procedures for selecting pediatric patients as candidates for moderate sedation are as follows: The indications used for the selection of patients as candidates usually fall into these categories 1: fearful/anxious patient for whom basic behavior guidance techniques have not been successful. 2: patient unable to cooperate due to lack of psychological or emotional maturity and/or mental, physical, or medical disability 3: to protect the patient's developing psyche and 4: to reduce the patient's medical risk. There is also the need to provide emergent care for the very young patient as a result of trauma and/or a significant dental disease need.

A comprehensive medical history and review of the systems is obtained. Allergies, drug reactions, current medications, relevant diseases, airway assessment, previous anesthetics, family history, etc. are noted. An ASA category is assigned. An informed consent form is explained

and provided to the parent. A pre-sedation information sheet is discussed and given the parent to take home and read before the appointment.

My protocols and procedures for the administration of moderate sedation for pediatric patients are as follows: Patient is checked in and informed consent is reviewed and signed by the doctor. Assistant gets weight and vitals as able. NPO status is determined. Doctor calculates dosage of drugs and draws them up; record same in sedation record. Drugs are administered orally usually with the help of the parent. Patients are periodically monitored and checked by the assistant during the "latency" period. Once the desired level of sedation is reached, the child is usually separated from the parent (occasionally parents are allowed to come back with the child). Monitors are applied, nitrous oxide is administered if deemed necessary and the patient is allowed to "settle". Mouth prop is inserted and teeth examined, any changes to the treatment plan are noted. Topical anesthesia is applied and local anesthetic is administered. Dentistry done, child is returned to the parent and the outcome is discussed with parent. Patient is appropriately monitored until discharge criteria are met. Post-operative instructions are discussed and a handout is given. Parent is called later in the day to check on patient status.

Our office only uses oral sedation. The sedation drugs are only given in the office setting. No sedation drugs are given to the parent for administration at home or in route to the office.

Our most popular sedative is a combination of Choral hydrate, Demerol, and Hydroxyzine (Vistaril or Atarax). Choral hydrate is usually given 20-50 mg/kg with a max. at 1 gram. Demerol is usually given in a dose of 1-2mg/kg with a max. at 50mgs. Hydroxyzine is dosed at 1-2mg/kg with our max. at 25mgs. Occasionally we will use oral Midazolam at a dose of 0.3-1.0mg/kg. with a max. of 15 mgs for young children and 20 mgs for the older children. Valium is another occasional drug used, esp. for the older child, 0.25mg/kg with a max. of 10 mgs. which varies with age. The local anesthetics used most commonly include Lidocaine 2%, 1:100,000 epi.- 4.4mg/kg, max. 300mg and Articaine 4%, 1:100,000-7.0mg/kg, max. 500mg.

5. A history of prior contacts between the board and the petitioner related to the regulated activity is as follows: Once my initial application was denied, I contacted Dr. Lynn Curry to help determine my next available avenue to obtain a moderate sedation permit. I have since contacted Jennifer Hart on numerous occasions to obtain the necessary waiver form.

6. Information related to the board's action in similar cases: The board has received no similar requests for waiver of this subrule.

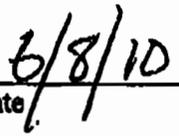
7. There is no other public agency or political subdivision that regulates dentistry in Iowa.

8. I am not aware of any person or entity that would be adversely affected by the granting of a waiver in this case.

9. Provide the name, address, and telephone number of any person with knowledge of the relevant facts relating to the proposed waiver: Dr. Joseph Quattrocchi, 40 Northcrest Drive, Ste. 1, Council Bluffs, Iowa 51503 712-328-9605.

10. I hereby authorize the Board to obtain any information relating to this waiver request from the individuals named herein. I will provide signed releases of information if necessary.


Petitioner's signature


Date

Edward Murray, DDS
 Suite D, Des Moines, Iowa
 The person named herein is authorized to administer
 Conscious Sedation Permits
 2008 through 2011
 Sedation Permit # 280877
Edward Bauman Murray, DDS
 Constance L. Price, Exec. Dir.
 Iowa Board of Dental Examiners

American Heart Association 
Learn and Live

ACLS Provider
 Edward Murray

This card certifies that the above individual has successfully completed the national cognitive and skills evaluations in accordance with the curriculum of the American Heart Association for the Advanced Cardiovascular Life Support Program.

10/10/2009 10/2011
 Issue Date Recommended Renewal Date

American Heart Association 
Learn and Live

Healthcare Provider
 Edward Murray

This card certifies that the above individual has successfully completed the national cognitive and skills evaluations in accordance with the curriculum of the American Heart Association for the BLS for Healthcare Providers (CPR & AED) Program.

09/16/2009 09/2011
 Issue Date Recommended Renewal Date

**FLORIDA ACADEMY OF
PEDIATRIC DENTISTRY**

CERTIFICATE OF COMPLETION

***PEDIATRIC CONSCIOUS SEDATION
AND ACLS TRAINING***

DR. EDWARD MURRAY

16 CEU credits
Florida State CE Provider

May 9 - 11, 2003

Doubletree Suites, Tampa, Florida

This course fulfills the Florida State Board of Dentistry
statutory requirement for Pediatric and Parenteral
Conscious Sedation permit holders.



Dr. Carroll Bennett, Executive Director



School of Dentistry
Division of Continuing
Dental Education

May 12, 2006

Dr Edward Murray Jr
40 Northcrest Dr
Council Bluffs, IA 51503-1622

Dear Edward Murray,

The University of Missouri-Kansas City School of Dentistry verifies your registration for the 2006 Midwest Dental Conference held in Kansas City, Missouri, March 16-19, 2006. The meeting is sponsored by The UMKC Dental and Dental Hygienists' Alumni Associations.

We verify your attendance at the following courses during the meeting.

✓ Med Emergencies	Dr. Mel Hawkins	3/17/2006	3
✓ Oral Sedation	Dr. Mel Hawkins	3/17/2006	3
Cruz Prosth Lecture	Dr. Norman Hammer	3/16/2006	3
Cruz Prosth Lecture	Dr. Norman Hammer	3/16/2006	3

Hours earned 12

The Midwest Dental Conference will not be responsible for continuing education credits rejected by any organization. The UMKC School of Dentistry is a CERP-recognized provider. CE courses provided by the Midwest Dental Conference are recognized by the Missouri State Board. CE requirements may differ from state to state.

Should you have any questions please feel free to call me at (800) 643-9671.

Karen Wilson
CE Program Coordinator

UNIVERSITY OF MISSOURI-KANSAS CITY

School of Dentistry • 650 East 25th Street • Kansas City, MO 64108-2784 • p 816 235-2142 • f 816 235-6692

Toll Free 1 800 643-9671 • http://dentistry.umkc.edu • dentistry@umkc.edu

an equal opportunity/affirmative action institution



American Academy of Pediatric Dentistry • 211 E. Chicago Avenue, Suite 700, Chicago, IL 60611-2663 • 312-337-2169 • Fax 312-337-6329

Continuing Education Certification of Attendance

This document verifies your participation in the following continuing education course:

Name of CE provider Organization: American Academy of Pediatric Dentistry
 Educational Method: Lecture/Workshop
 Title of the CE Activity: Conscious Sedation
 Date: February 27 - 29, 2004 Location: Tucson, AZ
 Presented by: Various Speakers
 CE Credit Contact Hours: 16
 AAPD Course #: 04011 California Registration #: 16-2272-40115
 Florida Registration #: PP072 Academy of General Dentistry #: 4404

Name of the participant: Dr. EDWARD B. MURRAY DDS
 Address: 40 Northwest Dr. City: Co. Bluffs State: La Zip: 51503

PARTICIPANTS: Continuing education credits issued for participation in the CE activity may not apply toward license renewal in all states. It is the responsibility of each participant to verify the requirements of his/her state licensing board(s).

Signed: [Signature]
 John S. Rutkauskas, DDS, MBA, CAE
 Executive Director

Date: February 20, 2004



California Registration #: 18.75-2272-07003



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Continuing Education Certification of Attendance

This document verifies your participation in the following continuing education course:

Name of CE provider Organization: American Academy of Pediatric Dentistry
 Educational Method: Continuing Education Lecture Course
 Title of the CE Activity: Contemporary Sedation of Children for the Dental Office: Enteral and Parenteral Techniques
 Date: March 9-11, 2007 Location: Cincinnati, OH
 Presented by: Various Speakers
 CE Credit Contact Hours: 18.75 HRS
 AAPD Course #: 07003
 Florida Registration #: PP072 Academy of General Dentistry #: 4404

Name of the participant: EDWARD B. MURRAY
 Address: 40 Northwest City: Co. Bluffs State: La Zip: 51503

PARTICIPANTS: Continuing education credits issued for participation in the CE activity may not apply toward license renewal in all states. It is the responsibility of each participant to verify the requirements of his/her state licensing board(s).

Signed: [Signature]
 John S. Rutkauskas, DDS, MBA, CAE
 Executive Director

Date: March 11, 2007



California Registration #: 19.2272-09017



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Continuing Education Certification of Attendance

This document verifies your participation in the following continuing education course:

Name of CE provider Organization: American Academy of Pediatric Dentistry

Educational Method: Continuing Education Lecture Course

Title of the CE Activity: Contemporary Sedation of Children for the Dental Office:
Enteral and Parenteral Techniques

Date: March 6-8, 2009 Location: Cincinnati, OH

Presented by: Stephen Wilson, Ronald Kosinski, Michael Primogeh, Michael Webb

CE Credit Contact Hours: 19 HRS

AAPD Course #: 09017

Florida Registration #: PP072 Academy of General Dentistry #: 4404

Name of the participant: EDWARD B. MURRAY

Address: 140 Northcrest Dr. City: Council Bluffs State: Ia Zip: 51503

PARTICIPANTS: Continuing education credits issued for participation in the CE activity may not apply toward license renewal in all states. It is the responsibility of each participant to verify the requirements of his/her state licensing board(s).

Signed: [Signature]

Date: March 8, 2009

John S. Rutkauskas, DDS, MBA, CAE
Executive Director



AAPD is an ADA CBRP Recognized Provider - May 2007 - June 2011

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School of Dentistry
Division of Continuing
Dental Education

06/07/2010

Dr Edward B Murray
"40 Northcrest Dr., Ste. 1"
Council Bluffs, IA 51603

Dear Edward Murray,

The University of Missouri-Kansas City School of Dentistry verifies your registration for the 2010 Midwest Dental Conference held in Kansas City, Missouri, March 18-21, 2010. The meeting is sponsored by The UMKC Dental and Dental Hygienists' Alumni Associations.

We verify your attendance at the following courses during the meeting.

Title	Speaker	Day	Time	Course Hours	Event Date
Stop the Insanity! Scheduling for the Pediatric Dental Patient That Works	Julia Weir	Thursday	9am - 12pm	3	03/18/2010
Be People Smart: Reduce Conflict and Increase Productivity	Julia Weir	Thursday	2pm - 5pm	3	03/18/2010
Smile Design: Something Old, Something New, Something Borrowed and Something RED	Dr. Douglas Lambert	Friday	9am - 12pm	3	03/19/2010
Student Table Clinics - Hyatt Exhibit Hall	Hyatt Exhibit Hall	Friday	12pm - 4pm	1	03/19/2010
Moderate Sedation Update	Dr. Michael Hoffman	Saturday	9am - 12pm	3	03/20/2010
Total Credit Hours				13	

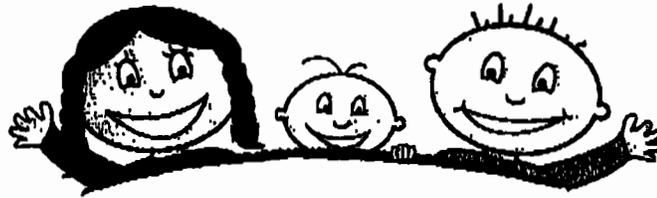
The Midwest Dental Conference will not be responsible for continuing education credits rejected by any organization. The UMKC School of Dentistry is a CERP-recognized provider. CE courses provided by the Midwest Dental Conference are recognized by the Missouri State Board. CE requirements may differ from state to state.

Should you have any questions please feel free to call me at (800) 643-6671 or (516) 235-2142.

Karen Wilson
Karen Wilson
CE Program Coordinator

UNIVERSITY OF MISSOURI-KANSAS CITY
School of Dentistry • 650 East 9th Street • Kansas City, MO 64108-0788 • 816.235.7143 • 716.235.5902
Fax: 816.235.7621 • http://dentistry.umkc.edu • adm@dentistry.umkc.edu
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Children's Dentistry

of COUNCIL BLUFFS

Dr. Joe Quattrocchi, DDS
Dr. Edward Murray, DDS
40 Northcrest Drive, Suite 1
Council Bluffs, IA 51503
(712) 328-9605
(712) 328-9608 (fax)

BEFORE YOUR CHILD'S SEDATION

For Your Child's Safety Please Follow These Instructions Carefully

FOOD

- **MOST IMPORTANT!!!** Do not give your child any milk or solid food for at least 8 (eight) hours before the scheduled appointment unless advised otherwise. This is extremely important and the child will not be treated if he/she has had any food before the sedation appointment.
- Clear liquids such as water, apple juice, gelatin, and popsicles may be given up to 3 (three) hours before the appointment.
- No gum or candy are allowed at any time prior to your child's appointment.

CHANGE IN HEALTH

- Any change in your child's health, especially development of a cold, fever, cough or runny nose within 5 days prior to the appointment day is important. Please inform the office of any change in health so that we may discuss with you whether or not another appointment is necessary.

MEDICATIONS

- Give your child only those medications which he/she takes routinely. **DO NOT** give your child any other medicine before or after treatment without consulting with the dentist.

ARRIVING

- The legal guardian must accompany the child to the sedation appointment, and must remain at our office until treatment is completed. *Plan to arrive 1 hour and 15 minutes before your child's appointment* so that the sedation medication can be given at the appropriate time. Please leave siblings at home.
- A second responsible adult must join you and your child at the time of discharge from our office.
- Dress your child in comfortable clothing, preferably a T-shirt or sweatshirt, and pants. We will be attaching monitors, such as a blood pressure cuff, to their arms. Loosely fitting clothing is preferable for that reason.
- Allow your child to use the restroom before the sedation.

ACTIVITIES

- We will give you detailed instructions after treatment is completed. **DO NOT** plan or permit activities for your child after treatment. Allow your child to rest. Keep your child home from school and closely supervise activities for the remainder of the day, especially activities such as stair climbing.

IT IS IMPERATIVE THESE INSTRUCTIONS ARE FOLLOWED CAREFULLY.

IF YOU HAVE ANY QUESTIONS RELATING TO YOUR CHILD'S TREATMENT, PLEASE CALL OUR OFFICE AT (712) 328-9605.

INFORMED CONSENT FOR CONSCIOUS SEDATION

1. I _____ parent/guardian of _____ authorize Dr. Quattrocchi/Murray to perform the following operation or procedure(s), in part or in sum as discussed in the treatment planning of care of my child by Dr. Quattrocchi/Murray.

- Dental Examination, Fluoride, Fillings, Root Canal Therapy, Dental Cleaning, X Rays, Caps, Extraction(s) with Yes/No checkboxes.

Possibly using protective stabilization (e.g. use of a papoose board) [] Yes [] No

During sedation involving the following oral sedatives:

- Chloral Hydrate, Hydroxyzine (Vistaril), Meperidine (Demerol), Midazolam (Versed), Diazepam (Valium), Other: _____

I understand the reason for the procedure(s) to be done under sedation is related to one or more of the following:

Extent of treatment, young age, situational anxiety, medical history or other _____

Alternatives to this procedure have been fully discussed with me by the dentist named above and include no treatment, local anesthesia in combination with protective stabilization, or general anesthesia.

- 2. Risks. I give this authorization with the understanding that any procedure may involve certain risks or hazards. Understand that the risks of the procedure(s) include, but are not limited to infection, bleeding, nerve injury, blood clots, allergic reactions, soreness of the mouth, gums and teeth, numbness, fever, nausea, and vomiting. I understand that sedation risks include, but are not limited to infection, bleeding, nerve injury, blood clots, allergic reactions, pneumonia, aspiration, soreness of the mouth and nose, numbness, fever, nausea, vomiting, altered heart and breathing rate, brain damage, or death. These risks, although rare, may imply serious, possible fatal, consequences.
3. Additional Procedure: If my dentist discovers a different unsuspected condition at the time of surgery, I authorize him to perform such operation or procedure that he deems necessary.
4. I understand that no guarantee or assurance has been made to me as to the ultimate result of the procedure.
5. Patient's Consent. I have read and fully understand this consent form. I understand that I should not sign this form if all items, including all my questions, have not been explained or answered to my satisfaction or if I do not understand any of the words contained in this form.

IF YOU HAVE ANY QUESTIONS AS TO THE RISKS OF THE PROPOSED TREATMENT OR PROCEDURE, PLEASE ASK YOUR DENTIST NOW BEFORE SIGNING THIS CONSENT FORM.

Date _____

Time _____

Legal Guardian _____

Relationship to Patient _____

Witness to Signature _____

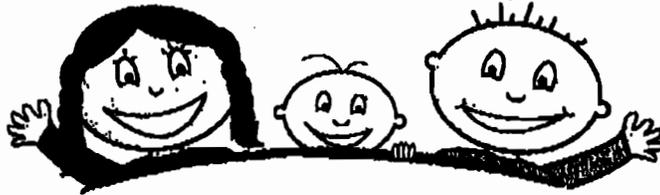
Second Witness to signature if telephone consent _____

6. Dentist Declaration: I have explained the contents of this document to the patient and have answered all the patient's questions, and to the knowledge I feel the patient has been adequately informed and has consented to the procedure detailed above.

Dentist's Signature _____

Date _____

Time _____



Children's Dentistry

o f C O U N C I L B L U F F S

Dr. Joe Quattrocchi, DDS
 Dr. Edward Murray, DDS
 40 Northcrest Drive, Suite 1
 Council Bluffs, IA 51503
 (712) 328-9605
 (712) 328-9608 (fax)

AFTER YOUR CHILD'S SEDATION

Today your child had dental treatment including a sedative to help calm them during treatment. He/she received the following sedative(s):

- Chloral Hydrate
 Hydroxyzine (Vistaril)
 Meperidine (Demerol)
 Midazolam (Versed)
 Diazepam (Valium)
 Other: _____

Children respond to sedation in their own way, but the following guidelines will help you know what to expect traveling home and during the next 24 hours:

TRAVELING HOME

- Your child may not be able to walk well, so we suggest that you carry your child or assist them in walking to the car.
- Place your child in an appropriate seat belt or car seat restraint in the back seat.
- A responsible adult should sit beside your child.
- If your child sleeps in the car, keep their head from falling forward onto their chest.

REST AND ACTIVITY

- Allow your child to rest, however, do not ignore them. An adult should be with them at all times for at least four hours after he/she arrives home. Your child may sleep from two to four hours and may even be irritable for up to 24 hours after a sedation appointment. When your child is sleeping, it is important that you place them on their side. **DO NOT** let them lie on their back or stomach. You may place pillows to the back and front sides to keep them on their side. If your child vomits make sure you move the child away from any vomit and clean out their mouth. If your child sleeps longer than four hours, please awaken them gently. If you cannot awaken them, please contact us immediately at (712) 328-9605.
- Your child should avoid any potentially dangerous activities such as riding a bike, playing outside unsupervised, playing with tools or toys, and climbing stairs until they are back to their usual alertness and coordination.
- We advise you to keep your child at home the rest of the day. Your child may be able to return to school on the next day.

DIET

- **DO NOT** feed your child until they are completely awake.
- Begin feeding with clear liquids such as water, apple juice, Popsicles or "sports" drinks such as Gatorade®. The first meal at home should be soft foods such as Jell-O, yogurt, or soup. Do not give them large portions of food.
- If your child vomits, stop feeding for 30-60 minutes then gradually resume clear fluids in sips. Start solid foods when the child is tolerating liquids well.

TREATING PAIN & FEVER

- Avoid medications which contain aspirin.
- Use Children's Tylenol, Children's Motrin, or Children's Advil. Follow the dosage instructions carefully on the bottle and do not exceed.
- Swelling may occur. Apply a COLD cloth to swollen area for 20 minutes. If swelling increases after 48 hours, contact our office.

THE FOLLOWING ARE REASONS TO CONTACT OUR OFFICE IMMEDIATELY AT (712) 328-9605:

- You are unable to arouse your child
- Your child is unable to eat or drink
- Your child experiences excessive vomiting or pain
- Your child develops a rash

IF YOU ARE UNABLE TO REACH OUR OFFICE AND YOU FEEL THAT YOU HAVE A TRUE EMERGENCY, CALL 9-1-1 OR GO TO THE NEAREST HOSPITAL EMERGENCY ROOM.

BEFORE THE IOWA DENTAL BOARD

Petition by Lewis A Humbert, D.D.S., M.S., for the	}	
waiver of 650 IAC subrule 29.4(9)	}	
relating to use of moderate sedation for	}	PETITION FOR
pediatric or ASA category 3 or 4 patients	}	WAIVER

1. Petitioner's name, address, and telephone number. All communications concerning the petition can be directed to the address, phone, and e-mail address listed below.

Lewis A. Humbert
2105 Oakdale Ct
Coralville, Iowa 52241

Work Telephone: 319-335-7235
Home Phone: 319-338-7576
Email: lewis-humbert@uiowa.edu

2. I am requesting a waiver of 650 Iowa Administrative Code subrule 29.4(9), which states, "A dentist utilizing moderate sedation on pediatric or ASA category 3 or 4 patients must have completed an accredited residency program that includes formal training in anesthesia and clinical experience in managing pediatric or ASA category 3 or 4 patients. A dentist who does not meet the requirements of this subrule is prohibited from utilizing moderate sedation on pediatric or ASA category 3 or 4 patients."

3. Describe the specific waiver requested, including the precise scope and time period for which the waiver will extend: I would like the Board to grant me a permanent waiver to 650 IAC subrule 29.4(9), which prohibits a dentist from utilizing moderate sedation on pediatric or ASA category 3 or 4 patients unless the dentist has completed an accredited residency program. In lieu of compliance with this subrule, I would like the board to accept the following education, training, and clinical experience so I can provide and utilize moderate sedation in managing pediatric and/or ASA category 3 or 4 patients.: I was trained in a three year Air Force Periodontal Training Program at Wilford Hall Medical Center in San Antonio, Texas from 1982 – 1985. I had a three month rotation in general anesthesia and a 3 month rotation in oral surgery where IV sedation was utilized. The patients were pediatric, healthy active duty patients (ASA 1&2) and aged patients in ASA 3&4 categories. The anesthesia rotation was 40 hours a week for 3 months and the Oral Surgery rotation was 3 months at 40 hours a week. Our total program length was 3 years which included additional use of IV sedation in our periodontal clinic adjacent to the hospital.

4. Explain the relevant facts and reasons that the petitioner believes justify a waiver. Include in your answer all of the following:

a. Undue Hardship. Compliance with the rule would impose an undue hardship caused by the time, expense, and burden to complete an accredited residency program when I have the same or similar background, training, and experience in providing sedation to these patient groups.

Not applicable. See entry above.

b. Why Waiving the Rule Would Not Prejudice the Substantial Legal Rights of Any Person.

Waiver of the rule would not prejudice the substantial legal rights of any person because I have substantially the same or similar education and experience as that required in the rule. This ensures and protects the public health, safety, and welfare of any person.

c. The Provisions of the Rule Subject to the Waiver are NOT Specifically Mandated by Statute or Another Provision of Law. Iowa Code Chapter 153 does not mandate the requirements of rule 650—29.4(9) (153).

d. Substantially Equal Protection of the Public Health, Safety, and Welfare has been afforded. The subrule that I am requesting a waiver from helps to ensure that dentists who provide moderate sedation to pediatric or ASA category 3 or 4 patients have received additional training beyond the minimal level of training required for managing healthy adult patients, as recommended by the American Dental Association. In lieu of completing an accredited residency program that includes formal training in anesthesia and clinical experience in managing pediatric or ASA category 3 or 4 patients, I have the following substantially same or similar background, training, and experience in managing these patient groups: See above – An accredited program was attended and a certificate received.

I am including copies of the only documentation related to the education, training, or experience that I have. I contacted the current department chairman at the periodontal program I attended in San Antonio and he has the same record of my nitrous oxide/oxygen and intravenous sedation certificates I am forwarding. However, they do not have documentation of patients or medications used from the early 1980's.

I have been teaching sedation techniques and monitoring for the past 25 years in various AEGD, GPR and periodontal residency programs. I am currently the director of the post graduate program for the three year residency in periodontics and have been teaching these techniques here at the University of Iowa since 2005. I hope to continue this valuable part of the training of our future specialty practitioners.

Protocols and procedures for selecting pediatric or ASA 3 or 4 patients as candidates for moderate sedation are as follows: Patients subjected to parenteral conscious sedation must be suitably evaluated prior to the start of any sedative procedure. With those pediatric patients or patients who may not be medically stable consultation with their primary care physician or consulting medical specialist regarding potential procedure risk or special monitoring requirements is required. All potential adverse affects associated with the delivery of any sedative, inhalation or narcotic agent must be reviewed with the patient/guardian prior to any procedure and appropriate informed consent is obtained.

Protocols and procedures for the administration of moderate sedation for pediatric or ASA 3 or 4 patients are as follows: The escort has to be identified by name and remain in the waiting room. The surgical procedure and sedation process are reviewed and informed consent obtained.

Equipment to provide advanced airway management and advanced life support are on the premises and all equipment is checked prior to the start of the procedure. The patient's oxygenation (O2 monitor), EKG (cardiac monitoring) and breathing either by auscultation of breathe sounds or by direct clinical observation are provided. Appropriate time-oriented anesthetic records are maintained. Oxygen and suction equipment are continuously available at recovery and discharge. Patients must have an Aldrete score of 9 or 10 to be dismissed. Protocol is to use a wheel chair to take the patient out of the clinic and meet the escort in the parking lot with the patient's transportation. Typical drugs used are diazepam, midazolam, fentanyl and/or merperidine. Dexamethasone may be used for its anti-inflammatory activity if approved in adult patients. Narcan and Romazicon are available as opioid and benzodiazepine antagonists respectively. Appropriate titration of medications is accomplished. A vital signs base line is accomplished ten to fifteen minutes pre and post op. Post operative instructions both verbal and written are given to the escort along with the after hours phone number contacts.

5. A history of prior contacts between the board and petitioner related to the regulated activity is as follows.

- Briefly list history of current contacts with board related to the use of moderate sedation
None – only yearly renewal prior to 2010.

6. Information related to the board's action in similar cases: The board has received no similar requests for waiver of this sub rule.

7. There is no other public agency or political subdivision that regulates dentistry in Iowa.

8. I am not aware of any person or entity that would be adversely affected by the granting of a waiver in this case.

9. Provide the name, address, and telephone number of any person with knowledge of the relevant facts relating to the proposed waiver: Dr. Steven H. Clark, 801 Newton Rd., University of Iowa Dental College, Iowa City, Iowa, 52242.

10. I hereby authorize the Board to obtain any information relating to this waiver request from the individuals named herein. I will provide signed releases of information if necessary.

I hereby attest to the accuracy and truthfulness of the above information.

Lenna A. Lambert
Petitioner's signature

6/25/2010
Date

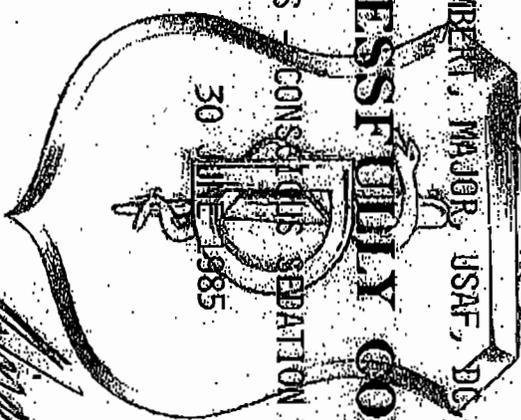
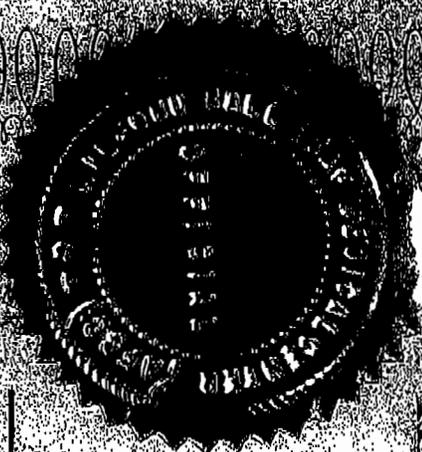
WILFORD HALL USAF MEDICAL CENTER

DENTAL DIRECTORATE CERTIFICATE OF TRAINING

LENNIS A. HUMBERT, MAJOR, USAF, DC 484-56-9836

HAS SUCCESSFULLY COMPLETED

INTRAVENOUS - CONSCIOUS SEDATION TRAINING



30 JUNE 1985

PAIN CONTROL COMMITTEE

PAIN CONTROL COMMITTEE



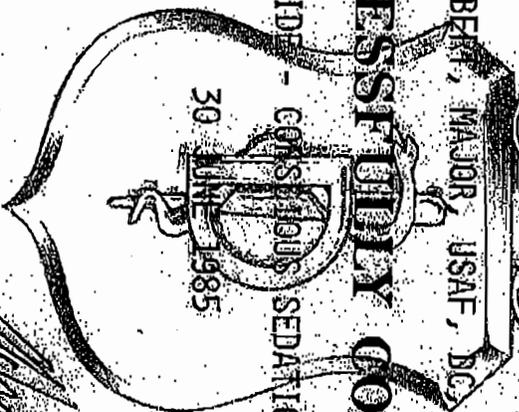
WILFORD HALL USAF MEDICAL CENTER

DENTAL DIRECTORATE
CERTIFICATE OF TRAINING

LEWIS A. HUNBERT, MAJOR, USAF, DCS 484-56-9836

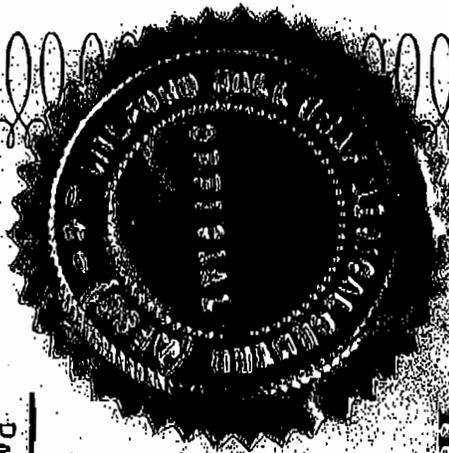
HAS SUCCESSFULLY COMPLETED

NITROUS OXIDE - CONSCIOUS SEDATION TRAINING



Major L. A. Hunbert
PAIN CONTROL COMMITTEE

[Signature]
PAIN CONTROL COMMITTEE



PUBLIC HEALTH DEPARTMENT[641]

Adopted and Filed

Pursuant to the authority of Iowa Code section 135.24, the Department of Public Health hereby rescinds Chapter 88, "Volunteer Health Care Provider Program," Iowa Administrative Code, and adopts a new chapter with the same title.

The new chapter provides the Department the ability to provide defense and indemnification to individual volunteer health care providers within a specialty health care provider office through the Volunteer Health Care Provider Program (VHCPP). The new chapter also provides clarification in identifying the individual volunteer health care provider, protected clinic, and sponsor entity. Definitions have been added to provide further clarification regarding the Volunteer Health Care Provider Program. Speech pathologists and audiologists have been added to receive defense and indemnification through the VHCPP as individual volunteer health care providers.

Notice of Intended Action was published in the March 24, 2010, Iowa Administrative Bulletin as **ARC 8627B**. The following changes have been made since the publication of the Notice.

Prior to the public hearing, questions were raised regarding the definitions of "minor dental surgery" and "primary dental care service," which had been proposed for transparency as this is the way the Department has interpreted these services. The Department has chosen not to adopt these definitions at this time to allow discussion with the Dental Board and the Iowa Dental Association. In turn, this change has also required that the Department not adopt the proposed change in the description of covered services for dentists in subparagraph 88.5(1)"d"(7). The language regarding covered services for dentists will remain the same as the language found in rescinded Chapter 88.

Comments were received at a public hearing that was held on Thursday, April 15, 2010. Comments pertained to the days, maximum hours, clinic sites, and patient groups that were included in rescinded Chapter 88 and have not been changed in new Chapter 88. These items are included in the VHCPP application/agreement for the specialty provider office and the individual volunteer health care provider. The VHCPP specialty health care volunteer will list all sites where services will be provided; thus, if the specialty health care providers are in a practice and have several offices where free health care services will be provided, the specialty health care providers will include all of those office locations on their application/agreement.

Due to comments received from the Iowa Collaborative Safety Net Provider Network, the definition of "Iowa specialty referral network" has been changed to "specialty care referral network." The definition of the "specialty health care provider office" has not been changed as this is the definition that is in the Iowa Code.

There was also comment regarding the issue of minor surgical procedures. The Department has determined that this issue requires further study with the stakeholders and, in order to proceed with enrollment of specialty health care providers and specialty health care provider offices in the Volunteer Health Care Provider Program in July, the Department has adopted the rules without a change to the language regarding minor surgical procedures.

As a result of additional internal review, one additional change to the Noticed rules has been made. In rule 641—88.9(135), the word "deny" has been added in the first sentence so that the sentence reads "The VHCPP may deny, suspend, revoke, or condition the protection of an individual volunteer health care provider, protected clinic or sponsor entity for cause, including but not limited to:"

These rules were adopted by the State Board of Health on May 12, 2010.

These rules shall become effective July 7, 2010.

These rules are intended to implement 2009 Iowa Code Supplement section 135.24.

The following amendment is adopted.

Rescind 641—Chapter 88 and adopt the following **new** chapter in lieu thereof:

CHAPTER 88
VOLUNTEER HEALTH CARE PROVIDER PROGRAM

641—88.1(135) Purpose. The volunteer health care provider program (VHCPP) is established to defend and indemnify eligible individual volunteer health care providers and protected clinics providing free health care services as provided in Iowa Code section 135.24 and these rules.

641—88.2(135) Definitions. For the purpose of these rules, the following definitions shall apply:

“Charitable organization” means a charitable organization within the meaning of Section 501(c)(3) of the Internal Revenue Code.

“Defend” means that the office of the attorney general shall provide the individual volunteer health care provider and protected clinic with legal representation at no cost to the individual volunteer health care provider or protected clinic.

“Department” means the Iowa department of public health.

“Field dental clinic” means a dental clinic temporarily or periodically erected at a location where mobile dental equipment, instruments, or supplies, as necessary, are utilized to provide dental services.

“Free clinic” means a facility, other than a hospital or health care provider’s office, which is exempt from taxation under Section 501(c)(3) of the Internal Revenue Code and which has as its sole purpose the provision of health care services without charge to individuals who are otherwise unable to pay for the services.

“Health care facility” means a residential care facility, a nursing facility, an intermediate care facility for persons with mental illness, or an intermediate care facility for persons with mental retardation.

“Health care services” means services received from an individual volunteer health care provider at a protected clinic or sponsor entity, as provided in Iowa Code section 135.24 and these rules, and approved in a protection agreement or sponsor entity agreement. The agreement covers “health care services” that are volunteer, uncompensated services. For those services to qualify as volunteer, uncompensated services under this chapter, the individual volunteer health care provider, protected clinic, or sponsor entity must receive no compensation for any services provided under the agreement and must not bill or accept compensation from the person, or any public or private third-party payor, for the specific services provided by the individual volunteer health care provider covered by the agreement.

“Indemnify” means that the state of Iowa shall pay all sums that the individual volunteer health care provider or protected clinic holding a protection agreement with the VHCPP is legally obligated to pay as damages because of any claim made against the individual volunteer health care provider or protected clinic which arises out of the provision of free health care services rendered or which should have been rendered by the individual volunteer health care provider or protected clinic.

“Individual volunteer health care provider” means any one of the following health care providers who has a fully executed protection agreement with the VHCPP: an emergency medical care provider certified pursuant to Iowa Code chapter 147A; a physician licensed pursuant to Iowa Code chapter 148; a physical therapist licensed pursuant to Iowa Code chapter 148A; an occupational therapist licensed pursuant to Iowa Code chapter 148B; a physician assistant licensed pursuant to Iowa Code chapter 148C and practicing under the supervision of a physician; a podiatrist licensed pursuant to Iowa Code chapter 149; a chiropractor licensed pursuant to Iowa Code chapter 151; a respiratory therapist licensed pursuant to Iowa Code chapter 152B; an advanced registered nurse practitioner, a licensed practical nurse or a registered nurse licensed pursuant to Iowa Code chapter 152 or 152E; a dentist, dental assistant, or dental hygienist licensed or registered pursuant to Iowa Code chapter 153; an optometrist licensed pursuant to Iowa Code chapter 154; a psychologist licensed pursuant to Iowa Code chapter 154B; a bachelor social worker, a master social worker, or an independent social worker licensed pursuant to Iowa Code chapter 154C; a marital and family therapist or mental health counselor licensed pursuant to Iowa Code chapter 154D; a speech pathologist or audiologist licensed pursuant to Iowa Code chapter 154F; or a pharmacist licensed pursuant to Iowa Code chapter 155A.

“Protected clinic” means field dental clinic, free clinic, or specialty health care provider office providing free care to the uninsured and underinsured. Each protected clinic has a signed protection agreement, which provides for defense and indemnification of the protected clinic. The protection agreement shall allow the protected clinic to deliver health care services to uninsured and underinsured persons as an agent of the state.

“Protection agreement” means a signed contract providing for defense and indemnification between an individual volunteer health care provider or protected clinic and the volunteer health care provider program (VHCPP). This agreement shall allow the individual health care provider or protected clinic to deliver health care services to uninsured and underinsured persons as an agent of the state. The agreement covers “health care services” that are volunteer, uncompensated services. For those services to qualify as volunteer, uncompensated services under this chapter, the individual health care provider and protected clinic must receive no compensation for any services provided under the agreement and must not bill or accept compensation from the person, or any public or private third-party payor, for the specific services provided by the individual volunteer health care provider covered by the agreement.

“Specialty care referral network” means the referral network established through the Iowa Collaborative Safety Net Provider Network.

“Specialty health care provider office” means the private office or clinic of an individual specialty health care provider or a group of specialty health care providers as referred by the Iowa Collaborative Safety Net Provider Network established in Iowa Code section 135.153 but does not include a field dental clinic, a free clinic, or a hospital.

“Sponsor entity” or *“sponsor entity clinic”* means a hospital, clinic, free clinic, health care facility, health care referral program, charitable organization or field dental clinic. Each sponsor entity has a fully executed sponsor entity agreement. The sponsor entity agreement shall allow an individual volunteer health care provider to deliver health care services to uninsured and underinsured persons as an agent of the state.

“Sponsor entity agreement” means a signed contract between the VHCPP and a hospital, clinic, free clinic, health care facility, health care referral program, charitable organization, or field dental clinic allowing an individual volunteer health care provider to deliver free health care services through the VHCPP at the sponsor entity location.

“Underinsured” means that a person does not have adequate insurance, which is determined on cost-exposure to family income with at least one of three indicators: (1) out-of-pocket medical expenses equal to or greater than 10 percent of income; (2) out-of-pocket medical expenses equal to or greater than 5 percent of income if income is less than 200 percent of the federal poverty level; and (3) health plan deductibles equal to or greater than 5 percent of income.

“Volunteer health care provider program” or *“VHCPP”* means the volunteer health care provider program of the department.

641—88.3(135) Eligibility for the volunteer health care provider program.

88.3(1) Individual volunteer health care provider eligibility. To be eligible for protection as an employee of the state under Iowa Code chapter 669 for a claim arising from covered health care services, an individual volunteer health care provider shall satisfy each of the following conditions at the time of the act or omission allegedly resulting in injury:

a. The individual volunteer health care provider shall hold an active unrestricted license, registration, or certification to practice in Iowa under Iowa Code chapter 147A, 148, 148A, 148B, 148C, 149, 151, 152, 152B, 152E, 153, 154, 154B, 154C, 154D, 154F, or 155A. The individual volunteer health care provider shall provide a sworn statement attesting that the license, registration, or certification to practice is free of restrictions. The statement shall describe any disciplinary action that has ever been taken against the individual volunteer health care provider by any professional licensing, registering, or certifying authority or health care facility, including any voluntary surrender of license, registration, or certification or other agreement involving the individual volunteer health care provider’s license, registration, or certification to practice or any restrictions on practice, suspension of privileges, or other sanctions. The statement shall also describe any malpractice suits that have been

filed against the individual volunteer health care provider. The statement provided by a pharmacist shall also describe any disciplinary action that has ever been taken against any pharmacy in which the pharmacist has ever been owner, partner, or officer.

(1) Every physician and dentist shall authorize the release of information allowing certified statements to be sent to the board of medicine or dental board from the National Practitioner Data Bank, the Federation of State Medical Boards Disciplinary Data Bank, or State Dental Boards Disciplinary Data Bank, as appropriate, setting forth any malpractice judgment or award or disciplinary action involving the physician or dentist.

(2) Every physical therapist, occupational therapist, physician assistant, podiatrist, chiropractor, respiratory therapist, licensed practical nurse, registered nurse, advanced registered nurse practitioner, optometrist, psychologist, bachelor social worker, master social worker, independent social worker, marital and family therapist, mental health counselor, speech pathologist, and audiologist shall request certified statements directly from the National Practitioner Data Bank-Healthcare Integrity and Protection Data Bank setting forth any malpractice judgment or award or disciplinary action involving the requester, shall pay the cost for such certified statements and shall submit such certified statements as part of the VHCPP application. Every chiropractor shall also authorize the release of information allowing certified statements to be sent to the board of chiropractic from the Chiropractic Information Network-Board Action Databank (CIN-BAD) setting forth any malpractice judgment or award or disciplinary action involving the chiropractor.

(3) Every pharmacist shall authorize the release of information allowing certified statements to be sent to the board of pharmacy from the National Association of Boards of Pharmacy setting forth any disciplinary action involving the pharmacist or any pharmacy in which the pharmacist has ever been owner, partner, or officer, and the pharmacist shall pay the cost for such certified statements. Every pharmacist shall also authorize the release of information from the pharmacist's malpractice insurance carrier to be sent to the board of pharmacy, and the pharmacist shall pay the cost for such release. Information released from the pharmacist's malpractice insurance carrier shall include the history and details of all claims that have been filed on behalf of the pharmacist or any pharmacy in which the pharmacist has ever been owner, partner, or officer, or confirmation that there have been no claims.

(4) Every emergency medical care provider shall authorize the release of information allowing information to be sent from the bureau of emergency medical services to the VHCPP setting forth any malpractice judgment or award or disciplinary action involving the requester and shall authorize the release of information allowing such information to be shared with the bureau of emergency medical services by licensing entities within and outside Iowa.

b. Application. The applicant shall submit the following information on forms provided by the VHCPP:

- (1) The patients to be served;
- (2) The health care services to be provided;
- (3) The site where health care services are to be provided;
- (4) The days and maximum number of hours when the free health care services will be provided each week at each site;

(5) The services that will be provided to those persons who are uninsured and underinsured for the public health purpose of improved health, prevention of illness/injury, and disease management.

c. Agreement. The individual volunteer health care provider shall have a signed and current protection agreement with the VHCPP which identifies the covered health care services within the respective scope of practice and conditions of defense and indemnification as provided in rules 641—88.5(135) and 641—88.6(135). The protection agreement shall:

- (1) Provide that the individual volunteer health care provider shall perform only those health care services identified and approved by the VHCPP;
- (2) Identify the health care services to be provided by the sponsor entity or protected clinic which has been approved by the VHCPP through an application process;
- (3) Identify by category the patient groups to be served;
- (4) Identify the sites at which the free health care services will be provided;

(5) Identify the maximum amount of time the free health care services will be provided by the individual volunteer health care provider at the identified sites each week;

(6) Provide that the individual volunteer health care provider shall maintain proper records of the health care services;

(7) Provide that the individual volunteer health care provider shall make no representations concerning eligibility for the VHCPP or eligibility of services for indemnification by the state except as authorized by the department;

(8) Provide that the individual volunteer health care provider shall cooperate fully with the state in the defense of any claim or suit relating to participation in the VHCPP, including attending hearings, depositions and trials and assisting in securing and giving evidence, responding to discovery and obtaining the attendance of witnesses;

(9) Provide that the individual volunteer health care provider shall accept financial responsibility for personal expenses and costs incurred in the defense of any claim or suit related to participation in the VHCPP, including travel, meals, compensation for time and lost practice, and copying costs, and agree that the state will not compensate the individual volunteer health care provider for the individual volunteer health care provider's expenses or time needed for the defense of the claim or suit;

(10) Provide that the individual volunteer health care provider shall receive no direct monetary compensation of any kind for services provided in the VHCPP;

(11) Provide that the individual volunteer health care provider shall comply with the protection agreement with the VHCPP concerning approved health care services.

88.3(2) Protected clinic eligibility. To be eligible for protection as a state agency under Iowa Code chapter 669 for a claim arising from the provision of covered health care services at a protected clinic, the protected clinic shall satisfy each of the following conditions at the time of the act or omission allegedly resulting in injury:

a. The protected clinic shall comply with subrules 88.4(1) through 88.4(5).

b. The protected clinic shall provide a list of all individual volunteer health care providers who provide health care services at the protected clinic.

c. The protected clinic shall submit proof that each individual volunteer health care provider providing health care services at the protected clinic either:

(1) Holds a current protection agreement with the VHCPP, or

(2) Holds current professional liability insurance coverage and an active unrestricted license, registration, or certification to practice in Iowa under Iowa Code chapter 147A, 148, 148A, 148B, 148C, 149, 151, 152, 152B, 152E, 153, 154, 154B, 154C, 154D, 154F, or 155A.

d. The protected clinic shall submit a list of the clinic board of directors and contact information for the board of directors.

e. The protected clinic shall submit proof of IRC Section 501(c)(3) status.

88.3(3) Sponsor entity or sponsor entity clinic. As a condition of sponsoring individual volunteer health care providers in the VHCPP, a hospital, clinic, free clinic, health care facility, health care referral program, charitable organization, or field dental clinic shall comply with subrules 88.4(1) through 88.4(5).

641—88.4(135) Sponsor entity and protected clinic.

88.4(1) Licensure. The sponsor entity or protected clinic shall be licensed to the extent required by law for the facility in question.

88.4(2) If the sponsor entity or protected clinic is a charitable organization within the meaning of Section 501(c)(3) of the Internal Revenue Code, the sponsor entity or protected clinic shall provide proof of Section 501(c)(3) status to the VHCPP.

88.4(3) Application. The sponsor entity or protected clinic shall submit the following information on forms provided by the VHCPP:

a. By category, the patient groups to be served;

b. The health care services to be provided;

c. The site where free health care services are to be provided;

- d. The days and times when health care services are to be provided at each site;
- e. The services that will be provided to those persons who are uninsured and underinsured for the public health purpose of improved health, prevention of illness/injury, and disease management.

88.4(4) Agreement. A signed and current sponsor entity agreement or protected clinic agreement shall exist with the VHCPP which shall:

- a. Provide that the individual volunteer health care provider within a sponsor entity or protected clinic shall perform only those health care services identified and approved by the VHCPP;
- b. Identify by category the patient groups to be served;
- c. Identify the sites at which the free health care services will be provided;
- d. Identify the days and times when health care services are to be provided at each site;
- e. Provide that the sponsor entity or protected clinic shall maintain proper records of health care services for a period of seven years from the date of service or, in the case of a minor, for a period of one year after the minor has reached the age of majority; and
- f. Provide that the sponsor entity agrees that only the individual volunteer health care provider or protected clinic is afforded protection under Iowa Code section 135.24 and that the state assumes no obligation to the sponsor entity, its employees, officers, or agents. The sponsor entity or protected clinic shall submit a statement, which shall be submitted on forms provided by the VHCPP, attesting that the sponsor entity or protected clinic and its staff, employees and volunteers agree to:

(1) Cooperate fully with the state in the defense of any claim or suit relating to participation in the VHCPP, including attending hearings, depositions and trials and assisting in securing and giving evidence, responding to discovery and obtaining the attendance of witnesses;

(2) Accept financial responsibility for the sponsor entity's or protected clinic's expenses and costs incurred in the defense of any claim or suit related to participation in the VHCPP, including travel, meals, compensation for time and lost practice, and copying costs, and agree that the state will not compensate the sponsor entity or protected clinic for expenses or time needed for the defense of the claim or suit;

(3) Receive no direct monetary compensation of any kind for health care services provided in the sponsor entity or protected clinic;

(4) Comply with the sponsor entity agreement or protected clinic agreement with the VHCPP concerning approved health care services.

88.4(5) General liability insurance. The sponsor entity or protected clinic shall submit proof of general liability insurance for the clinic site.

641—88.5(135) Covered health care services. An individual volunteer health care provider holding a current protection agreement with the VHCPP shall be afforded the protection of an employee of the state under Iowa Code chapter 669, and a protected clinic holding a current protection agreement with the VHCPP shall be afforded protection as an agency of the state under Iowa Code chapter 669, only for claims for injury alleged to have been proximately caused by an individual volunteer health care provider's provision of covered health care services or solely on the basis of the individual volunteer health care provider's participation in the sponsor entity or protected clinic.

88.5(1) Covered health care services are only those that are:

- a. Identified in the protection agreement with the VHCPP;
- b. In compliance with these rules;
- c. Provided by or under the direct supervision of the individual volunteer health care provider;
- d. Health care services of:

(1) Advanced registered nurse practitioners for: well-child examinations; annual adult examinations; diagnosis and treatment of acute and chronic conditions; health education; health maintenance; immunizations; and minor surgical procedures.

(2) Audiologists for: testing, measurement and evaluation related to hearing and hearing disorders and associated communication disorders for the purpose of nonmedically identifying, preventing, modifying or remediating such disorders and conditions including the determination and use of appropriate amplification; patient instruction/counseling; patient habilitation/rehabilitation; and referrals.

(3) Bachelor social workers for: psychosocial assessment and intervention through direct contact with clients; referral to other qualified resources for assistance; performance of social histories; problem identification; establishment of goals and monitoring of progress; interviewing techniques; counseling; social work administration; supervision; evaluation; interdisciplinary consultation and collaboration; and research of service delivery, including development and implementation of organizational policies and procedures in program management.

(4) Chiropractors for: examinations; diagnosis and treatment; health education; and health maintenance.

(5) Dental assistants for: intraoral services; extraoral services; infection control; radiography; and removal of plaque or stain by toothbrush, floss, or rubber cup coronal polish.

(6) Dental hygienists for: assessments and screenings; health education; health maintenance; and preventive services (cleaning, X-rays, sealants, fluoride treatments, fluoride varnish).

(7) Dentists for: dental examinations; diagnosis and treatment of acute and chronic conditions; health education; health maintenance; and minor surgical procedures.

(8) Emergency medical care providers for: airway/ventilation/oxygenation; assisted medications - patient's; cardiovascular/circulation; immobilization; IV initiation/maintenance/fluids; and medication administration - routes.

(9) Independent social workers for: psychosocial assessment, diagnosis, and treatment; performance of psychosocial histories; problem identification; evaluation of symptoms and behavior; assessment of psychosocial and behavioral strengths and weaknesses and effects of the environment on behavior; psychosocial therapy; differential treatment planning; and interdisciplinary consultation.

(10) Licensed practical nurses for: supportive or restorative care.

(11) Marital and family therapists for: marital and family therapy; and application of counseling techniques in the assessment and resolution of emotional conditions.

(12) Master social workers for: psychosocial assessment, diagnosis, and treatment; performance of psychosocial histories; problem identification; evaluation of symptoms and behavior; assessment of psychosocial and behavioral strengths and weaknesses and effects of the environment on behavior; psychosocial therapy; differential treatment planning; and interdisciplinary consultation.

(13) Mental health counselors for: mental health counseling; and counseling services involving assessment, referral and consultation.

(14) Occupational therapists for: evaluation and treatment of problems interfering with functional performance in persons impaired by physical illness or injury, emotional disorder, congenital or developmental disability or the aging process.

(15) Pharmacists for: drug dispensing; patient counseling; health screenings and education; and immunizations.

(16) Physical therapists for: interpretation of performance, tests, and measurements; evaluation and treatment of human capabilities and impairments; use of physical agents, therapeutic exercises, and rehabilitative procedures to prevent, correct, minimize, or alleviate a physical impairment; establishment and modification of physical therapy program, treatment planning, and patient instruction/education.

(17) Physicians and physician assistants for: well-child examinations; annual adult examinations; diagnosis and treatment of acute and chronic conditions; health education; health maintenance; immunizations; and minor surgical procedures.

(18) Psychologists for: counseling and the use of psychological remedial measures for persons with adjustment or emotional problems.

(19) Optometrists for: examinations; diagnosis and treatment of the human eye and adnexa; health education; and health maintenance.

(20) Podiatrists for: examinations; diagnosis and treatment; health education; health maintenance; and minor surgical procedures.

(21) Registered nurses for: well-child examinations; annual adult examinations; treatment of acute and chronic conditions; health education; health maintenance; and immunizations.

(22) Respiratory therapists for: diagnostic and therapeutic use of administration of medical gases, aerosols, and humidification, not including general anesthesia; pharmacologic agents relating to

respiratory care procedures; bronchopulmonary hygiene; specific diagnostic and testing techniques employed in the medical management of patients to assist in diagnosis, monitoring, treatment, and research of cardiopulmonary abnormalities; and pulmonary function testing.

(23) Speech pathologists for: testing, measurement and evaluation related to the development and disorders of speech, fluency, voice or language for the purpose of nonmedically preventing, ameliorating, modifying or remediating such disorders and conditions; patient instruction/counseling; patient habilitation/rehabilitation; and referrals.

88.5(2) Experimental procedures or procedures and treatments which lack sufficient evidence of clinical effectiveness are excluded from the VHCPP.

88.5(3) Patient referral to a specialty health care provider office shall be made solely by the specialty care referral network.

641—88.6(135) Defense and indemnification. The state shall defend and indemnify an individual volunteer health care provider or a protected clinic for a claim arising from the VHCPP only to the extent provided by Iowa Code chapter 669 and Iowa Code section 135.24. Persons or entities other than the participating individual volunteer health care provider or protected clinic are not considered state employees or state agencies under Iowa Code chapter 669. Defense and indemnification of the individual volunteer health care provider or a protected clinic under Iowa Code chapter 669 and Iowa Code section 135.24 shall occur only if all of the following requirements are met:

88.6(1) The claim involves injury alleged to have been proximately caused by health care services which were identified and approved in the protection agreement with the VHCPP and then only to the extent the health care services were provided by or under the direct supervision of the individual volunteer health care provider, including claims based on negligent delegation of health care, or the individual volunteer health care provider is named as a defendant solely because of the individual volunteer health care provider's participation in the protected clinic or sponsor entity clinic.

88.6(2) The claim arises from covered health care services that were performed at a site identified and approved in the protection agreement with the VHCPP.

88.6(3) The claim arises from covered health care services provided through a protected clinic or sponsor entity clinic identified and approved in the individual volunteer health care provider's protection agreement with the VHCPP and which meets the requirements of rule 641—88.3(135).

88.6(4) The individual volunteer health care provider, protected clinic, or sponsor entity clinic that provided the health care services receives no direct monetary compensation of any kind and no promise to pay compensation for the health care services which allegedly resulted in injury.

88.6(5) The health care services are provided to a patient who is a member of a patient group identified in the protection agreement with the VHCPP.

88.6(6) The individual volunteer health care provider, protected clinic, or sponsor entity clinic is eligible and registered as provided in rule 641—88.3(135) or the care is provided by an individual volunteer health care provider who holds current professional liability insurance coverage and an active unrestricted license to practice in Iowa under Iowa Code chapter 147A, 148, 148A, 148B, 148C, 149, 151, 152, 152B, 152E, 153, 154, 154B, 154C, 154D, 154F, or 155A and has been approved by the VHCPP.

641—88.7(135) Term of agreement.

88.7(1) Individual volunteer health care provider. The protection agreement with the VHCPP shall expire two years from the date of execution. Individual volunteer health care providers may apply for renewal by filing an application at least 30 days prior to expiration of the protection agreement.

88.7(2) Protected clinic. The protection agreement with the VHCPP shall expire two years from the date of execution. The protected clinic may apply for renewal by filing an application at least 30 days prior to expiration of the protection agreement.

88.7(3) Sponsor entity. The sponsor entity agreement with the VHCPP shall expire two years from the date of execution. Sponsor entities may apply for renewal by filing an application at least 30 days prior to expiration of the sponsor entity agreement.

641—88.8(135) Reporting requirements and duties.

88.8(1) Upon obtaining knowledge or becoming aware of any injury allegedly arising out of the negligent rendering of, or the negligent failure to render, covered health care services under the VHCPP, a participating individual volunteer health care provider, protected clinic, or sponsor entity shall provide to the VHCPP, as soon as practicable, written notice containing, to the extent obtainable, the circumstance of the alleged injury, the names and addresses of the injured, and any other relevant information.

88.8(2) Upon obtaining knowledge or becoming aware of an injury as defined in subrule 88.8(1), the participating protected clinic or sponsor entity shall promptly take all reasonable steps to prevent further or other injury from arising out of the same or similar incidents, situations or conditions.

88.8(3) A participating individual volunteer health care provider, protected clinic, or sponsor entity shall immediately notify the Iowa Department of Justice, Special Litigation Division, Hoover State Office Building, Des Moines, Iowa 50319, of service or receipt of an original notice, petition, suit or claim seeking damages from the individual volunteer health care provider, protected clinic or sponsor entity related to participation in the VHCPP.

641—88.9(135) Revocation of agreement. The VHCPP may deny, suspend, revoke, or condition the protection of an individual volunteer health care provider, protected clinic or sponsor entity for cause, including but not limited to:

1. Failure to comply with the protection agreement or sponsor entity agreement with the VHCPP.
2. Violation of state law governing the respective scope of practice or other law governing the health care services provided under the VHCPP.
3. Making false, misleading, or fraudulent statements in connection with the VHCPP, including determination of eligibility of the individual volunteer health care provider, protected clinic, or sponsor entity or handling of a claim against the individual volunteer health care provider, protected clinic, sponsor entity or the state.
4. Evidence of substance abuse or intoxication affecting the provision of health care services under the VHCPP.
5. Reasonable grounds to believe that the individual volunteer health care provider may have provided incompetent or inadequate care to a patient under the VHCPP or is likely to do so.
6. Reasonable grounds to believe that the individual volunteer health care provider's, protected clinic's, or sponsor entity's participation in the VHCPP may expose the state to undue risk.
7. Failure to immediately notify the VHCPP of any disciplinary action brought against the individual volunteer health care provider by the applicable state licensing board.

641—88.10(135) Procedure for revocation of agreement. A proceeding for revocation of an individual volunteer health care provider's protection agreement or a protected clinic's protection agreement or a sponsor entity's agreement for participation shall be conducted as a contested case proceeding pursuant to Iowa Code chapter 17A and 641—Chapter 173. Iowa Code section 17A.18 does not preclude emergency summary suspension of a protection agreement or a sponsor entity agreement. The VHCPP shall immediately notify the appropriate licensing board and the appropriate protected clinic or sponsor entity of revocation of an individual volunteer health care provider's protection agreement.

641—88.11(135) Effect of suspension or revocation. If the VHCPP suspends or revokes an individual volunteer health care provider's protection agreement, sponsor entity agreement, or protected clinic's protection agreement, the action shall suspend or revoke future protection but shall not negate defense and indemnification coverage for covered acts or omissions which occurred during the effective dates of the protection agreement.

641—88.12(135) Protection denied.

88.12(1) Protection denied—appeal procedure. An applicant who has been denied protection by the VHCPP may appeal the denial and request a hearing on the issues related to the denial by serving a notice

of the appeal and request for hearing to the Director, Iowa Department of Public Health, Lucas State Office Building, 321 E. 12th Street, Des Moines, Iowa 50319-0075, in writing, not more than 30 days following the date of the mailing of the notification of protection denial to the applicant or not more than 30 days following the date upon which the applicant was served notice if notification was made in the manner of service of an original notice. The request for hearing shall specifically delineate the facts to be contested and determined at the hearing.

88.12(2) Protection denied—hearing. If an applicant who has been denied protection by the VHCPP appeals the protection denial and requests a hearing pursuant to subrule 88.12(1), the hearing and subsequent procedures shall be conducted pursuant to Iowa Code chapter 17A and 641—Chapter 173.

641—88.13(135) Board notice of disciplinary action. The applicable state licensing board shall notify the VHCPP of the initiation of a contested case against a protected individual volunteer health care provider or the imposition of disciplinary action, including providing copies of any contested case decision or settlement agreement with the protected individual volunteer health care provider upon request of the VHCPP.

641—88.14(135) Effect of eligibility protection. A fully executed protection agreement of an individual volunteer health care provider or protected clinic as eligible for participation in the VHCPP by the applicable state licensing board and the department is solely a determination that the state will defend and indemnify the individual volunteer health care provider or the protected clinic to the extent provided by Iowa Code section 135.24 and these rules. The protection is not an approval or indication of ability or competence and may not be represented as such. The protected clinic or sponsor entity through which the individual volunteer health care provider provides free health care services shall retain responsibility for determining that health care personnel are competent and capable of adequately performing the health care services to be provided.

641—88.15(135) Reporting by a protected clinic or sponsor entity. A reporting form will be provided by the VHCPP to the participating protected clinic or sponsor entity at the time the protected clinic or sponsor entity agreement is approved by the VHCPP. Within 60 days following each calendar quarter, the protected clinic or sponsor entity shall provide a report to the VHCPP. At a minimum, the report shall include the number of clinic patients receiving free health care services and patient demographics by age, ethnicity, and insurance status.

These rules are intended to implement Iowa Code section 135.24.

[Filed 5/13/10, effective 7/7/10]

[Published 6/2/10]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 6/2/10.



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Iowa Dental Board

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MAP



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[Board's Proposed Position Statement on Botox and Dermal Fillers for Comment. Submit your comments to the board office.](#)

Botox or Dermal Fillers

Iowa law limits dentists to providing services that are within the scope of dentistry, which is defined in Iowa Code section 153.13(2) as duties that include, "examination, diagnosis, treatment, and attempted correction by any medicine, appliance, surgery, or other appropriate method of any disease, condition, disorder, lesion, injury, deformity, or defect of the oral cavity and maxillofacial area, including teeth, gums, jaws, and associated structures and tissue, which methods by education, background experience, and expertise are common to the practice of dentistry.

A dental license further extends the scope of authority of a dentist to prescribe, administer, or dispense prescription medications. However, such authority is granted only "if the use is directly related to the practice of dentistry within the scope of the dentist-patient relationship." 650-IAC16.2(1) Board rules further require that a dental exam be conducted and a medical history taken before a dentist prescribes, administers, or dispenses medication to a patient.

The Board has determined that under these laws, a dentist may administer botox and other derma fillers if the use of those medications is directly related to the practice of dentistry, but only if the dentist has successfully completed appropriate education and training. The Board has determined that at this time, the only dentists who have completed appropriate education and training to use these medications in the practice of dentistry are dentists who have completed an ADA-accredited residency program which includes in the scope of its education and training the administration of botox and other derma fillers.

July 2, 2010

Iowa Dental Board
400 SW 8th, Suite D
Des Moines, IA 50309

To Whom It May Concern;

Throughout the state of Iowa there are a number of assisted living facilities whose residents are not able to get out and about to travel around their local area as they once did. These facilities provide a good service and are in compliance with their services and specialties they cover.

It has been brought to the attention of Smile Techniques the need of services from these facilities for denture cleaning services. While the facilities provide adequate assistance with daily maintenance of dentures they do not provide services beyond their scope of practice creating the need for ancillary services if requested.

Smile Techniques would like to offer offsite services for denture cleaning to clean stains, reduce tartar build up, polish and clean. This offsite service would enable the clients to increase the longevity of their dentures, increase their comfort from the polishing for wear and eating. This would help to increase their quality of life with regards to their eating capabilities.

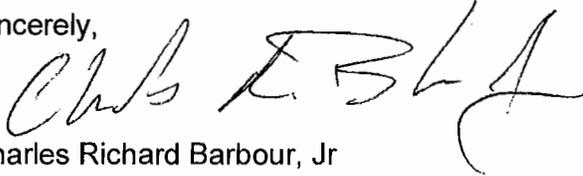
The services described above are specialty cleaning services only. No recommendations or alterations would be made to the dentures. If such a need were arise regarding the soundness of the dentures, these clients would be recommended to visit with their dentist for follow-up.

Procedures for the described off site denture cleaning service will adhere to cold sterilization infection control policies as set forth by CDC guidelines for dental laboratories.

Smile Techniques requests the State Dental Board's thoughts or concerns regarding this proposed service. The state regulations and laws have been reviewed by Smile Techniques and it appears to have a service that would work within the current mandates. Smile Techniques would appreciate any feedback the State Dental Board may have regarding any points Smile Technique may have overlooked .

Thank you in advance for your review of this request.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Charles R. Barbour, Jr.', written in black ink.

Charles Richard Barbour, Jr
President/ Owner
Smile Techniques
515-419-1016
Rbarb612@aol.com

AGRICULTURE AND LAND STEWARDSHIP DEPARTMENT[21](cont'd)

2009, are hereby adopted in their entirety by reference. Part 307 except Sections 307.5 and 307.6 and Part 325 except Sections 325.3 and 325.12 of Title 9, Chapter III, of the Code of Federal Regulations, revised as of ~~July 24, 2008~~ January 1, 2009, are hereby adopted in their entirety by reference. Part 500 of Title 9, Chapter III, of the Code of Federal Regulations, revised as of ~~July 24, 2008~~ January 1, 2009, is adopted by reference, except that references in Sections 500.5, 500.6, 500.7, and 500.8 to the federal Uniform Rules of Practice are not adopted.

ITEM 3. Amend rule 21—76.3(189A), introductory paragraph, as follows:

21—76.3(189A) Federal Poultry Products Inspection Act regulations adopted. Part 381, Title 9, Chapter III, of the Code of Federal Regulations, revised as of ~~July 24, 2008~~ January 1, 2009, is hereby adopted in its entirety with the following exceptions: 381.96, 381.97, 381.99, 381.101, 381.102, 381.104, 381.105, 381.106, 381.107, 381.128, Subpart R, Subpart T, Subpart V, Subpart W; and in addition thereto, the following subsections shall be expanded to include:

ITEM 4. Amend rule 21—76.4(189A) as follows:

21—76.4(189A) Inspection required. Every establishment except as provided in Section 303.1(a), (b), (c) and (d) of Title 9, Chapter III, Subchapter A, of the Code of Federal Regulations, revised as of ~~July 24, 2008~~ January 1, 2009, in which slaughter of livestock or poultry, or the preparation of livestock products or poultry products is maintained for transportation or sale in commerce, shall be subject to the inspection and other requirements of those parts of Title 9, Chapter III, Subchapter A, of the Code of Federal Regulations, revised as of ~~July 24, 2008~~ January 1, 2009, enumerated in rules 21—76.1(189A), 21—76.2(189A) and 21—76.3(189A).

This rule is intended to implement Iowa Code sections 189A.4 and 189A.5.

ITEM 5. Amend rule 21—76.13(189A) as follows:

21—76.13(189A) Voluntary inspections of exotic animals. Every person wishing to obtain voluntary inspection of exotic animals shall comply with the regulations adopted in this rule.

Part 352 of Title 9, Chapter III, of the Code of Federal Regulations, revised as of ~~July 24, 2008~~ January 1, 2009, is hereby adopted in its entirety by reference.

This rule is intended to implement Iowa Code chapter 189A.

ITEM 6. Amend rule 21—76.14(189A) as follows:

21—76.14(189A) Federal Wholesome Meat Act regulations adopted for the regulation of farm deer.

1. No change.
2. All federal regulations adopted in 21—76.2(189A), except Part 303 and Part 307.4(c) of Title 9, Chapter III, of the Code of Federal Regulations, revised as of ~~July 24, 2008~~ January 1, 2009.

This rule is intended to implement Iowa Code chapters 170 and 189A.

ARC 8846B

DENTAL BOARD[650]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 147.76, the Dental Board hereby gives Notice of Intended Action to amend Chapter 11, “Licensure to Practice Dentistry or Dental Hygiene,” Chapter 13,

DENTAL BOARD[650](cont'd)

“Special Licenses,” Chapter 25, “Continuing Education,” and Chapter 27, “Standards of Practice and Principles of Professional Ethics,” Iowa Administrative Code.

Item 1 of the amendments specifies that applications are considered active for 180 days after receipt. An applicant who does not provide all requested materials or who does not meet the requirements for a license, permit, registration, or reinstatement within 180 days must submit a new application and fee.

Items 2 through 6 require applicants for licensure or for a faculty permit to submit the results of a self-query of the National Practitioners Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB).

Item 7 of the amendments requires applicants for a faculty permit to successfully complete the jurisprudence examination administered by the Board.

Item 8 of the amendments eliminates the requirement that Board sponsors submit attendance records for continuing education courses. Continuing education providers must provide proof of attendance to course attendees and make records available at the request of the Board.

Item 9 of the amendments clarifies that an applicant for reinstatement of an inactive license must provide proof of current CPR certification to place the license on active status.

Item 10 of the amendments clarifies acceptable billing practices for a dentist.

Items 11 and 12 of the amendments clarify that it is considered unethical and unprofessional conduct to prohibit a patient from filing a complaint with the Board or cooperating with a Board investigation and to enter into an agreement in which a patient agrees not to file a complaint with the Board.

These amendments are subject to waiver at the sole discretion of the Board in accordance with 650—Chapter 7. However, rules in 650—Chapter 27 are not subject to waiver pursuant to 650—27.12(17A,147,153,272C).

Any interested person may make written comments or suggestions on the proposed amendments on or before July 6, 2010. Such written comments should be directed to Jennifer Hart, Executive Officer, Iowa Dental Board, 400 SW 8th Street, Suite D, Des Moines, Iowa 50309-4687. E-mail may be sent to Jennifer.Hart@iowa.gov.

Also, there will be a public hearing on July 6, 2010, beginning at 10 a.m. in the Board Conference Room, 400 SW 8th Street, Suite D, Des Moines, Iowa. At the hearing, persons will be asked to give their names and addresses for the record and to confine their remarks to the subject of the amendments. Any person who plans to attend the public hearing and who may have special requirements, such as those related to hearing or mobility impairments, should contact the Board and advise of specific needs.

These amendments were approved at the April 6, 2010, regular meeting of the Iowa Dental Board.

These amendments are intended to implement Iowa Code sections 153.33 and 153.34.

The following amendments are proposed.

ITEM 1. Amend rule 650—11.1(147,153) as follows:

650—11.1(147,153) Applicant responsibilities. An applicant for dental or dental hygiene licensure bears full responsibility for each of the following:

1. and 2. No change.

3. Submitting complete application materials. An application for a license, permit, or registration or reinstatement of a license or registration will be considered active for 180 days from the date the application is received. If the applicant does not submit all materials, including a completed fingerprint packet, within this time period, or if the applicant does not meet the requirements for the license, permit, registration or reinstatement, the application shall be considered incomplete. An applicant whose application is filed incomplete must submit a new application and application fee.

ITEM 2. Amend paragraph 11.2(2)“f” as follows:

f. A statement disclosing and explaining any disciplinary actions, investigations, complaints, malpractice claims, judgments, settlements, or criminal charges, including the results of a self-query of the National Practitioners Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB).

DENTAL BOARD[650](cont'd)

ITEM 3. Amend paragraph **11.3(2)“g”** as follows:

g. A statement disclosing and explaining any disciplinary actions, investigations, malpractice claims, complaints, judgments, settlements, or criminal charges, including the results of a self-query of the National Practitioners Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB).

ITEM 4. Amend paragraph **11.5(2)“i”** as follows:

i. A statement disclosing and explaining any disciplinary actions, investigations, complaints, malpractice claims, judgments, settlements, or criminal charges, including the results of a self-query of the National Practitioners Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB).

ITEM 5. Amend paragraph **11.6(2)“g”** as follows:

g. A statement disclosing and explaining any disciplinary actions, investigations, complaints, malpractice claims, judgments, settlements, or criminal charges, including the results of a self-query of the National Practitioners Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB).

ITEM 6. Amend paragraph **13.2(2)“e”** as follows:

e. A statement disclosing and explaining any disciplinary actions, investigations, complaints, malpractice claims, judgments, settlements, or criminal charges, including the results of a self-query of the National Practitioners Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB).

ITEM 7. Adopt the following **new** paragraph **13.2(2)“j”**:

j. Evidence of successful completion of the jurisprudence examination administered by the Iowa dental board.

ITEM 8. Amend subrule 25.4(3) as follows:

25.4(3) The person or organization sponsoring continuing education activities shall make a written record of the Iowa licensees or registrants in attendance ~~and send a signed copy of such attendance record to the board office upon completion of the activity, but in no case later than July 1 of even numbered years, maintain the written record for a minimum of five years, and submit the record upon the request of the board. The report shall be sent to the Iowa Board of Dental Examiners, 400 S.W. 8th Street, Suite D, Des Moines, Iowa 50309-4687.~~ The sponsor of the continuing education activity shall also provide proof of attendance and the number of credit hours awarded to the licensee or registrant who participates in the continuing education activity.

ITEM 9. Adopt the following **new** paragraph **25.9(2)“e”**:

e. Evidence that the applicant possesses a current certificate in a nationally recognized course in cardiopulmonary resuscitation. The course must include a clinical component.

ITEM 10. Adopt the following **new** subrules 27.7(8) and 27.7(9):

27.7(8) A dentist shall not bill or collect money for services not rendered.

27.7(9) A dentist shall not bill or draw on a patient's line of credit prior to services being rendered.

ITEM 11. Adopt the following **new** subrule 27.9(5):

27.9(5) Prohibiting a person from filing or interfering with a person's filing a complaint with the board is considered unethical and unprofessional conduct.

ITEM 12. Adopt the following **new** subrule 27.9(6):

27.9(6) A licensee shall not enter into any agreement with a patient that states the patient will not file a complaint with the board.

June 18, 2010

Iowa Dental Board of Examiners
400 S.W. 8th Street, Suite D
Des Moines, IA 50309

RECEIVED

JUN 21 2010

IOWA DENTAL BOARD

Honored Board Members:

I am writing to apply for a waiver of fees for my Iowa dental license, which is due for renewal on September 1, 2010.

I have applied for, and received, a financial hardship waiver for Charitable Organization Practitioners for my American, Iowa and Des Moines District dues.

I retired from the practice of dentistry on December 31, 2008. I served in the U.S. Air Force Dental Corps for two years after graduation from the University Of Iowa School Of Dentistry. After which I practiced dentistry in the Des Moines/West Des Moines area for 41 years.

Currently, I am an adjunct faculty member at Broadlawn's Medical Center's Dental Clinic. I teach/mentor five University of Iowa senior dental students that are on a five week rotation. In 2009 I worked sixteen and one-half days at Broadlawn's. I have not practiced private dentistry since December 31, 2008, and I do not intend to in the future.

My gross salary for 2009 was \$1, 815~~0~~. My daily salary was \$110. After deducting taxes and travel expenses, my net salary is \$80 per day. Eighty dollars per day figures a net of \$1,320.00 for 2009.

Other expenses for 2009 included \$154 for vaccinations for me. Also, \$130 for lunches and travel to CDE seminars. Travel for CPR, Adult and Child Abuse classes of \$20.

Possible expenses for 2010 would be: Iowa Dental license for \$315, Federal Controlled Substance/Regulated Chemical Registration Certificate which is around \$250-\$300, and the Certificate of Registration Iowa Controlled Substances Act for \$100.

Please consider this waiver of fees for adjunct faculty that are not practicing dentistry outside of academia. I feel I can provide knowledge and support to the senior dental students after practicing dentistry for 43 years.

For me to continue serving as adjunct faculty at Broadlawn's Dental Clinic, it would be helpful to receive the waiver of fees for the renewal of my Iowa Dental License.

Sincerely,



Larry C. Book, D.D.S.
3216-146th Street
Urbandale, IA 50323

BEFORE THE IOWA DENTAL BOARD

Petition by Dr Ritu Bansal for the waiver of 650 IAC subrule 11.4(1) relating to graduates of foreign dental schools.	} } } }	PETITION FOR WAIVER
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1. Petitioner's name, address, and telephone number. All communications concerning the petition can be directed to the address, phone, and e-mail address listed below.

Dr. Ritu Bansal
519 Duke Court,
Allen Tx, 75013
Work Telephone: 214 458 4668
Home Phone: 214 509 9562 cell phone 214 458 4668
Email: rbansal@bcd.tamhsc.edu

2. I am requesting a waiver of 650 Iowa Administrative Code subrule 11.4(1), which requires that graduates of foreign dental schools complete a full-time undergraduate supplemental dental education program of at least two years at an accredited dental college. In lieu of two years of undergraduate dental education, I would like the board to accept the following education and training since I have a Masters in Public Health, a residency in Dental Public Health and over 3 years of rich clinical, research and teaching experience in the field of dental public health. An overview of my background and accomplishments is set forth below.

Academic Training in India

I received my Bachelor of Dental Surgery from the College of Dental Surgery (CODS) in Mangalore, India in May 1999. I then spent the following year at CODS in a General Practice Residency, where I gained invaluable clinical training in treating patients with a variety of dental needs.

Graduate Studies at UTHSC-Houston

With an interest in furthering my education in public health dentistry, in 2005, I entered the Master's Program in Public Health at the University of Texas Health Science Center at Houston (UTHSC-Houston). During this program I did an internship with Baylor College of Dentistry and conducted an in-depth research on the purity of treatment water used in dental clinics. I graduated with a Master of Public Health (MPH) degree in December 2006, with excellent grades.

Residency Training – Baylor College of Dentistry

I then enrolled in a Dental Public Health Residency Program at Baylor College of Dentistry (BCD) in Dallas. I spent one and a half year in this program, engaged in research and the treatment of dental patients in underserved areas with a variety of medical, social and dental problems. The clinical aspect was an integral part of the program. It included providing general

dental care to the patients in the community clinics supported by the school. I completed this program in May 2008. Soon thereafter, I obtained board certification by the American Board of Dental Public Health passing the difficult certifying examination. I am one of less than 200 board certified public health dentists in the nation.

Faculty Position – Baylor College of Dentistry

While still a resident, I was offered a faculty position, which I accepted in November 2007. As an Assistant Professor in BCD's Department of Public Health Science, I provide didactic and clinical training to dental and dental hygienist students. This training not only occurs on campus, but also at free and underserved dental clinics such as Community Dental Care clinics, Children's Oral Health Care clinics, and the Henry Wade Justice Center Dental Clinic. I also recently expanded my role at BCD to be on the residency committee in the Graduate Dental Public Health Residency Program, in which I provide didactic and clinical instruction to graduate residents.

In addition to my clinical and teaching responsibilities, I am an active researcher in dental public health. One of my research projects involves the use of fluoride in dental care. This research is funded by a sizable grant from BCD, on which I am a key participant. I have co-authored a paper from this research, which will soon be published in the *Texas Dental Journal*. I also presented my findings at the 2008 National Oral Health Conference in Miami. I was nominated for the Leverette Graduate Student Merit Award for Outstanding Achievement in Dental Public Health (offered by the American Association of Public Health Dentistry) for my research findings on trends in fluoride use. I received an honorable mention.

I have also conducted research on melanoma of the face and oral cancer, from which I have co-authored a paper, under submission for publication. I presented these findings at the 2008 Meeting of the International Association of Dental Research in Dallas.

Private Practice – General Practice

I have also been practicing in various clinics in the Dallas Fort Worth metroplex and providing comprehensive general dental care to both kids and adults since December of 2008. I am a registered Medicaid provider and have been practicing without any incidents or complaints to either the Texas State Board of Dental Examiners or the Texas Medicaid Health Partnership.

3. Describe the specific waiver requested, including the precise scope and time period for which the waiver will extend: I would like the Board to grant a permanent waiver to 650 IAC subrule 11.4(1), which requires that graduates of foreign dental schools complete a full-time undergraduate supplemental dental education program of at least two years at an accredited dental college. In lieu of the two years of undergraduate supplemental education at an accredited college, I would like the Board to consider and accept the following advanced training that I have completed at an accredited U.S. dental school (Baylor College of Dentistry):

- **Masters in Public Health at UT Houston 2006-2007**

Provided quality academic education and structured professional experience relevant to planning, organizing, and conducting a broad range of activities that constitute public health. This program emphasized on the particular health problems and issues relating to populations and communities in the country and mainly the underserved areas. In the program I also did an internship/ practicum for 6 months at Baylor College of Dentistry with the Department of Oral Diagnosis.

- **Dental Public Health residency at Baylor College of Dentistry 2008-2009**

This Residency Program provided me with a formal training in epidemiological research with an emphasis on evaluating dental health needs and providing care to the underserved areas of the community. While providing research training and oral disease prevention and health promotion, the program also included an in depth clinical training in dental health care delivery to the underserved areas of the society including dental clinics such as Community Dental Care, Children's Oral Health Center, and the Henry Wade Juvenile Justice Center Dental Clinic. The time allocation in the program was equally divided between research and gaining clinical competence. I was always supervised by trained clinical faculty during provision of dental care. This training provided me with the diverse clinical experience to be a well rounded general practitioner.

I have cleared my part 1 and part 2 of the National Board of Dental Examination. I have also taken the Western Regional Examination Board exam qualifying me for the dental license for the state of Texas. I have also taken the American Board of Dental Public Health examination and am a Diplomate of the American Board of Dental Public Health since May of 2008.

4. Explain the relevant facts and reasons that the petitioner believes justify a waiver. Include in your answer all of the following:

a. Undue Hardship. Compliance with the rule would impose an undue hardship caused by the time, expense, and unnecessary requirement to repeat two years of undergraduate dental education when I have already completed postgraduate dental public health training along with a general dental clinical component to the residency program at an accredited dental school (Baylor College of Dentistry). My family will be based in Cedar Rapids, Iowa, starting the 6th of July 2010, as my husband will start a new job there with Skywork Solutions. I have two young kids and getting back to school to repeat two years of undergraduate training is going to be a very difficult situation for me. My accredited training is broad-based to cover general practice, and dental public health.

b. Why Waiving the Rule Would Not Prejudice the Substantial Legal Rights of Any Person.

Waiver of the rule would not prejudice the substantial legal rights of any person because I have already completed 3.5 years of additional accredited dental education beyond that required in the rule. My general dentistry experience, training in Dental Public Health and status as a Diplomate of the American Board of Dental Public Health and member in good standing of the American Association of Public Health Dentistry, American Dental Association and Texas Dental Association provides me with the necessary background and expertise and ensures and protects public health, safety, and welfare.

c. The Provisions of the Rule Subject to the Waiver are NOT Specifically Mandated by Statute or another Provision of Law. Iowa Code Chapter 153 does not mandate the requirements of rule 650—11.4.

d. Substantially Equal Protection of the Public Health, Safety, and Welfare has been Afforded by my Other Education and Training at an Accredited School. The subrule that I am requesting a waiver from helps to ensure that applicants obtain a broad-based general dental education of at least two years length at an accredited dental school and that applicants have demonstrated the same level of didactic and clinical education as an accredited dental school graduate. My particular background of dental public health residency education and clinical training shows that I have met this same level of broad-based dental education at an accredited dental school. The letter of support from my residency director outlines the education and training received during my residency. The program has a supervised general dentistry clinical component to it. The clinics involved were in underserved areas in the Dallas metroplex serving the needs of the uninsured, homeless, medically compromised kids and adults. The clinical procedures included, but not limited to restorations, extractions, pulpectomies, pulpotomies, endodontics, fixed restorations and removable prosthesis.

5. A history of prior contacts between the board and petitioner related to the regulated activity is as follows.

- None

6. Information related to the board's action in similar cases: The Board has received nine other formal waiver requests from foreign dental graduates.

- In the first case, the applicant had a masters degree in dental public health, a two-year pediatric residency from an accredited dental school, and a one-year GPR from an accredited dental school. The board granted that waiver request.
- In the second case, the dentist had a PhD in biosciences and a two-year pediatric residency from an accredited program. The board denied that waiver request.
- In the third case, the applicant had a masters level education in dental materials and two years of postgraduate training in general practice dentistry, including one year as Chief Resident, at an accredited dental school.
- In the fourth case, the applicant planned to complete a one-year general practice residency at an accredited dental school, in addition to two years of postgraduate training in pediatrics and a PhD in Oral Sciences. The Board approved that request.
- In the fifth case, the applicant had a two-year research oriented masters in dental materials and two years of active practice in general dentistry in the state of Minnesota. The Board denied that request.
- In the sixth case, the applicant had two years of postgraduate training in general practice residency plus two years of postgraduate training in operative dentistry at an accredited dental school. The board approved that request.
- In the seventh case, the applicant had two years of postgraduate training in general practice residency, including one year as Chief Resident. The board approved that request.

- In the eighth case, the applicant had 17-months of postgraduate training in geriatrics. The board denied that request.
- In the ninth case, the applicant had completed 2-years of postgraduate training in endodontics and had four years of experience as a faculty member at the University of Iowa College of Dentistry in endodontics and family dentistry. The board denied that request.

7. There is no other public agency or political subdivision that regulates dentistry in Iowa. (This question asks you to provide the name, address, and telephone number of any public agency or political subdivision that might be affected by the grant of the petition. Insert information here if it applies.)

8. I am not aware of any person or entity that would be adversely affected by the granting of a waiver in this case.

9. Provide the name, address, and telephone number of any person with knowledge of the relevant facts relating to the proposed waiver.

Dr Kenneth A. Bolin
3302 Gaston Avenue , Dallas Tx 75246
214 828 8359

10. I hereby authorize the Board to obtain any information relating to this waiver request from the individuals named herein. I will provide signed releases of information if necessary.

I hereby attest to the accuracy and truthfulness of the above information.

Petitioner's signature

Date