



STATE OF IOWA

IOWA DENTAL BOARD

TERRY E. BRANSTAD, GOVERNOR
KIM REYNOLDS, LT. GOVERNOR

MELANIE JOHNSON, J.D.
EXECUTIVE DIRECTOR

TELEPHONIC MEETING

IOWA DENTAL BOARD

AGENDA

March 28, 2013

12:20 p.m.

Location: The public can participate in the public session of the teleconference by speakerphone at the Board's office, 400 SW 8th St., Suite D, Des Moines, Iowa.

Board Members: *Michael J. Rovner, D.D.S., Board Chair; Lynn D. Curry, D.D.S., Board Vice Chair; Steve Bradley, D.D.S., Board Secretary; Steven Fuller, D.D.S.; Matthew McCullough, D.D.S.; Mary Kelly, R.D.H.; Nancy Slach, R.D.H.; Diane Meier, Public Member; Lori Elmitt, Public Member*

- I. CALL MEETING TO ORDER – ROLL CALL**
- II. 1ST OPPORTUNITY FOR PUBLIC COMMENT**
- III. ANESTHESIA CREDENTIALS COMMITTEE REPORT**
 - a. Recommendations re: Moderate Sedation Permit Applications
 - b. Recommendations re: General Anesthesia Permit Applications
 - c. Board Review of Prior Approved Permits with Peer Review Requirements
- IV. CONTINUING EDUCATION ADVISORY COMMITTEE REPORT**
 - a. Recommendations re: Continuing Education Course Applications
 - b. Recommendations re: Continuing Education Sponsor Applications
 - c. Other Committee Recommendations, If Any
- V. FOR DISCUSSION**
 - a. Review of Public Health Supervision, Discussion of Proposal
 - b. Proposed FAQs for IDB Website
 - c. Review of Consultant Contracts
 - d. CRDTS – Opportunity to Observe Clinical Examination
 - e. CRDTS – State Travel Policies and Prior Approval Process
- VI. ADMINISTRATIVE RULES**
 - a. NOTICE OF INTENDED ACTION**
 1. Proposed Amendments to Chpt. 13, “Special Licenses,” and Chpt. 15, “Fees”
 2. Proposed Amendments to Chpt. 20, “Dental Assistants”

b. POSSIBLE ACTION

1. Proposed Amendments to Public Health Supervision rules
2. Proposed Amendments re: RDHs with Expanded Functions Training

VII. APPLICATIONS FOR LICENSURE /REGISTRATION & OTHER REQUESTS *

- a. April Strong – Application for Dental Assistant Registration and Radiography Qualification
- b. Jessica M. Koster, D.H. - Application for Dental Hygiene License

VIII. 2nd OPPORTUNITY FOR PUBLIC COMMENT

IX. *CLOSED SESSION

X. RETURN TO OPEN SESSION

XI. OTHER BUSINESS, IF ANY

XII. ACTION, IF ANY, ON CLOSED SESSION ITEMS

- a. Licensure/Registration Applications
- b. Statement of Charges
- c. Combined Statement of Charges, Settlement Agreement and Final Order
- d. Settlement Agreements
- e. Final Hearing Decisions
- f. Final Action on Non-Public Cases Left Open
- g. Final Action on Non-Public Cases Closed
- h. Other Closed Session Items

XIII. ADJOURN

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.

* 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 2011 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.

**Pursuant to Iowa Code section 272C.6(1) a licensee may request that their disciplinary hearing be held in closed session.

Please Note: At the discretion of the Board Chair, agenda items may be taken out of order to accommodate scheduling requests of Board members, presenters or attendees or to facilitate meeting efficiency.

REPORT TO THE IOWA DENTAL BOARD

DATE OF MEETING: March 28, 2013
RE: **Recommendations: Applications for Moderate Sedation Permit**
SUBMITTED BY: **Christel Braness, Program Planner**
ACTION REQUESTED: Board Action on Pending Application for Moderate Sedation Permit

PRIOR RECOMMENDATION

The Committee recommended that the following moderate sedation permits be granted *following* the completion of peer evaluations.

- ❖ *David Jarrin, D.D.S. – Moderate Sedation Permit*
 - Committee recommends approval of a moderate sedation permit for patients 13 years of age or older, who are classified as ASA 1-2, following the successful completion of a peer evaluation. This application for permit was recommended for approval with the prohibition of the use of ketamine as a sedative in the use of moderate sedation. (The committee members' stated that ketamine is typically used for general anesthesia, not moderate sedation.)
- ❖ *Andrew Mulka, D.D.S. – Moderate Sedation Permit*
 - Committee recommends approval of a moderate sedation permit for patients 13 years of age or older, who are classified as ASA 1-2, following the successful completion of a peer evaluation. This application for permit was recommended for approval with the prohibition of the use of ketamine as a sedative in the use of moderate sedation. (The committee members' stated that ketamine is typically used for general anesthesia, not moderate sedation.)
- ❖ *Hilary Reynolds, D.D.S. – Moderate Sedation Permit*
 - Committee recommends approval of a moderate sedation permit for patients 13 years of age or older, who are classified as ASA 1-2, following the successful completion of a peer evaluation.
- ❖ *Zach Dannenbring, D.D.S. – Moderate Sedation Permit*
 - Committee recommends approval of a moderate sedation permit for patients 13 years of age or older, who are classified as ASA 1-2.
- ❖ *Christopher Vanderbeek, D.D.S. – Moderate Sedation Permit*
 - Committee recommends approval of a moderate sedation permit for patients 13 years of age or older, who are classified as ASA 1-2.
- ❖ *Bradley Jordan, D.D.S. – Moderate Sedation Permit*
 - Committee recommends approval of a moderate sedation permit for patients 13 years of age or older, who are classified as ASA 1-2. The committee recommends that Dr. Jordan *not* be allowed sedate patients, who are classified as ASA 3-4. Dr. Jordan may submit documentation indicating that his general practice residency provided sufficient training to provide sedation to this patient group if he wishes to pursue this qualification.

STATUS UPDATE

Since the last meeting of the Board, it has come to the attention of Board staff that, due to a variety of factors, some of these peer evaluations may take some time to be completed. In some cases, the applicants have been waiting many months for issuance of the permit.

Board rules do not specifically require the completion of the peer evaluation prior to issuance of a sedation permit*.

PROPOSED MOTION:

I move that the Board approve issuance of the aforementioned moderate sedation permits following completion of any facility inspections and other items specifically required by IAC 650—29.4. Board staff still recommends that the peer evaluations be completed at the earliest possible convenience of the ACC members; however, I would ask that the issuance of the permits not be subject to completion of the peer evaluations since this is not a requirement established by rule and the enforcement of this recommendation could lead to rather significant delays.

***Iowa Administrative Code 650—29.4**

650—29.4(153) Requirements for the issuance of moderate sedation permits.

29.4(1) A permit may be issued to a licensed dentist to use moderate sedation for dental patients provided the dentist meets the following requirements:

- a.* Has successfully completed a training program approved by the board that meets the American Dental Association Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students and that consists of a minimum of 60 hours of instruction and management of at least 20 patients; and
- b.* Has formal training in airway management; or
- c.* Has submitted evidence of successful completion of an accredited residency program that includes formal training and clinical experience in moderate sedation, which is approved by the board.

29.4(2) A dentist utilizing moderate sedation shall maintain a properly equipped facility. The dentist shall maintain and be trained on the following equipment at each facility where sedation is provided: anesthesia or analgesia machine, EKG monitor, positive pressure oxygen, suction, laryngoscope and blades, endotracheal tubes, magill forceps, oral airways, stethoscope, blood pressure monitoring device, pulse oximeter, emergency drugs, defibrillator. A licensee may submit a request to the board for an exemption from any of the provisions of this subrule. Exemption requests will be considered by the board on an individual basis and shall be granted only if the board determines that there is a reasonable basis for the exemption.

29.4(3) The dentist shall ensure that each facility where sedation services are provided is staffed with trained auxiliary personnel capable of reasonably handling procedures, problems and emergencies incident to the administration of general anesthesia. Auxiliary personnel shall maintain current certification in basic life support and be capable of administering basic life support.

29.4(4) A dentist administering moderate sedation must document and maintain current, successful completion of an Advanced Cardiac Life Support (ACLS) course.

29.4(5) A dentist who is performing a procedure for which moderate sedation is being employed shall not administer the pharmacologic agents and monitor the patient without the presence and assistance of at least one qualified auxiliary personnel in the room who is qualified under subrule 29.4(3).

29.4(6) A licensed dentist who has been utilizing moderate sedation on an outpatient basis in a competent manner for five years preceding July 9, 1986, but has not had the benefit of formal training as outlined in this rule, may apply for a permit provided the dentist fulfills the provisions set forth in subrules 29.4(2), 29.4(3), 29.4(4) and 29.4(5).

29.4(7) Dentists qualified to administer moderate sedation may administer nitrous oxide inhalation analgesia provided they meet the requirement of rule 650—29.6(153).

29.4(8) If moderate sedation results in a general anesthetic state, the rules for deep sedation/general anesthesia apply.

29.4(9) 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.

[ARC 8614B, IAB 3/10/10, effective 4/14/10]

REPORT TO THE IOWA DENTAL BOARD

DATE OF MEETING: March 28, 2013
RE: **Recommendations: Course & Sponsor Requests**
SUBMITTED BY: **Continuing Education Advisory Committee**
ACTION REQUESTED: Board Action on Committee Recommendation

COMMITTEE RECOMMENDATIONS

The Committee requests that the Board accept the following recommendations:

CONTINUING EDUCATION COURSE REVIEW

- ❖ The Committee recommended course approval/denial as follows:
 - a. **Iowa Dental Assistants Association:** “Mandatory Reporter Training for Child & Dependent Adult Abuse” (Approved - 3 hours)
 - b. **Dr. Takani Miyamoto:** “Thriving in 2013: 7 Keys to High Performing Leaders, Teams & Dental Practices” (**DENIED** – requested - 2 hours; addresses practice management issues)
 - c. **Dr. Takani Miyamoto:** “Evidence Based Dentistry: Why Should We Know About This?” (Approved - 2 hours)
 - d. **Eastern Iowa Community College:** “Exploring the Changing Climate in the Dental Office/Lab Relationship” (Approved - 2 hours)
 - e. **Iowa Central Community College (Dental Hygiene):** “Iowa’s Public Health Overview for Dental Clinicians” (Approved - 2 hours)
 - f. **Iowa Dental Association: May Meeting 2013**
 - a. General Attendance (Approved - 3 hours)
 - b. Table Clinics Attendance (Approved - 2 hours)
 - c. Table Clinics Presentation (Approved - 4 hours)
 - d. “Diagnostic Dilemmas in Endodontic Treatment” (Approved - 3 hours)
 - e. “An Inside View of Forensic Odontology” (Approved - 3 hours)
 - f. “The Ins and Outs of Polishing” (Approved - 2 hours)
 - g. “Dental Implants: Assessment & Maintenance Strategies” (Approved - 2 hours)
 - h. “Dental Equipment Maintenance Training” (**DENIED** – requested - 3 hours; addresses practice management issues) (2 sessions of this course are offered)
 - i. “The Christensen Bottom Line – 2013 (1st Session)” (Approved - 2 hours)
 - j. “The Christensen Bottom Line – 2013 (2nd Session)” (Approved - 1.5 hours)
 - k. “The Christensen Bottom Line – 2013 (3rd Session)” (Approved - 1.5 hours)
 - l. “The Christensen Bottom Line – 2013 (4th Session)” (Approved - 1 hour)
 - m. “Current Concepts in Minimally Invasive Caries Management” (Approved - 1.5 hour) (2 sessions of this course are offered)
 - n. “Bread & Butter Adhesive and Restorative Dentistry (1st Session)” (Approved - 1.5 hours)
 - o. “Bread & Butter Adhesive and Restorative Dentistry (2nd Session)” (Approved - 2 hours)
 - p. “Posture, Pain & Productivity in Dentistry (1st Session)” (**DENIED** – requested 2 hours; does not address clinical practice/patient applications)

- q. *“Posture, Pain & Productivity in Dentistry (2nd Session)”* (**DENIED** – requested 1.5 hours; does not address clinical practice/patient applications)
- r. *“Infection Control Update – ‘Infection Prevention: Are You Compliant?’”* (Approved - 2 hours)
- s. *“Radiography Renewal Update”* (Approved - 2 hours)
- g. **Dr. Takani Miyamoto:** *“Pre-Prosthetic Bone Grafting & Ridge Augmentation”* (Approved - 2 hours)
- h. **Iowa City Dental Hygienists’ Association:** *“Orthodontic Considerations”* (Approved - 4 hours)
- i. **Iowa Dental Hygienists’ Association:** *“What Is It? How Do I Use It? Today’s Dental Products and Treatment Options”* (Approved - 6 hours)
- j. **Iowa Dental Hygienists’ Association:** *“Interesting and Unique Oral Pathology Cases”* (Approved - 3 hours)
- k. **Institute for Natural Resources:** *“Stress, Anxiety & Depression”* (**DENIED** – requested 6 hours; does not address the clinical practice of dentistry)
- l. **Institute for Natural Resources:** *“Emotional Control: “Difficult Personalities”* (**DENIED** – requested 6 hours; does not address the clinical practice of dentistry)
- m. **Eastern Iowa Community College:** *“Healthy Hands/Ergonomics”* (**DENIED** – requested 2 hours; does not address clinical practice/patient applications)
- n. **Iowa Department of Public Health:** *“2013 Iowa Governor’s Conference on Public Health* (Approved - 4 hours)

CONTINUING EDUCATION SPONSOR APPLICATIONS

- ❖ The Committee recommended APPROVAL of the sponsors listed below.
 - *Ultradent Seminars (Resubmission of Additional Information as Requested)*
 - *Boone and Story County Dental Society*
 - *Impact Dental Training*

Proposed Motion:

I move that the Board accept the Committee’s recommendation as indicated above.

REPORT TO THE IOWA DENTAL BOARD

**DISCUSSION &
POSSIBLE ACTION**

DATE OF MEETING: March 28, 2013 (telephonic meeting)
RE: **Public Health Supervision Proposal**
SUBMITTED BY: Steven Fuller, D.D.S., Board Member
ACTION REQUESTED: Review of Public Health Supervision Proposal

Motion at 2/11/13 Telephonic Board Meeting re: Public Health Supervision

❖ MOVED by ROVNER, seconded by KELLY, to solicit information from interested parties for ideas on the future oversight of the public health supervision program for inclusion on the agenda of the next meeting of the Board. Motion APPROVED unanimously.

<u>Member</u>	<u>Bradley</u>	<u>Curry</u>	<u>Elmitt</u>	<u>Fuller</u>	<u>Kelly</u>	<u>McCullough</u>	<u>Meier</u>	<u>Slach</u>	<u>Rovner</u>
Yes	x	x	x	x	x	x	x	x	x
No									

Proposal for additional oversight of public health supervision agreements:

1. Agreements must be renewed and filed every year with IDPH.
2. Dentist must receive a report from the hygienist and file a signed report with IDPH.
3. Hygienist must file a report with the names of "clients" who have been referred for treatment. Report must be given to and signed by dentist.
4. Hygienist must file a report of non-compliant "clients" who were referred and did not seek further treatment. Report must be signed by the dentist.
5. Hygienist and dentist must have a plan to follow-up non-compliant "clients" and possible report to DHS by dentist.
6. Establish a proper place for storage of "clients" records and have dentist review them to insure the agreement has been followed. Make any necessary corrections to agreement
7. If the public health supervision hygienist ever receives authority to bill for services, the dentist must first exam the patient and complete a treatment plan for the hygienist to follow.
8. Dentists can have up to 5 collaborative agreements active.

Attached for Review

- ❖ Current PHS rule (650 IAC Rule 10.5)

650—10.5 (153) Public health supervision allowed. A dentist who meets the requirements of this rule may provide public health supervision to a dental hygienist if the dentist has an active Iowa license and the services are provided in public health settings.

10.5(1) *Public health settings defined.* For the purposes of this rule, public health settings are limited to schools; Head Start programs; programs affiliated with the early childhood Iowa (ECI) initiative authorized by Iowa Code chapter 256I; child care centers (excluding home-based child care centers); federally qualified health centers; public health dental vans; free clinics; nonprofit community health centers; nursing facilities; and federal, state, or local public health programs.

10.5(2) *Public health supervision defined.* “Public health supervision” means all of the following:

a. The dentist authorizes and delegates the services provided by a dental hygienist to a patient in a public health setting, with the exception that hygiene services may be rendered without the patient’s first being examined by a licensed dentist;

b. The dentist is not required to provide future dental treatment to patients served under public health supervision;

c. The dentist and the dental hygienist have entered into a written supervision agreement that details the responsibilities of each licensee, as specified in subrule 10.5(3); and

d. The dental hygienist has an active Iowa license with a minimum of three years of clinical practice experience.

10.5(3) *Licensee responsibilities.* When working together in a public health supervision relationship, a dentist and dental hygienist shall enter into a written agreement that specifies the following responsibilities.

a. The dentist providing public health supervision must:

(1) Be available to provide communication and consultation with the dental hygienist;

(2) Have age- and procedure-specific standing orders for the performance of dental hygiene services. Those standing orders must include consideration for medically compromised patients and medical conditions for which a dental evaluation must occur prior to the provision of dental hygiene services;

(3) Specify a period of time in which an examination by a dentist must occur prior to providing further hygiene services. However, this examination requirement does not apply to educational services, assessments, screenings, and fluoride if specified in the supervision agreement; and

(4) Specify the location or locations where the hygiene services will be provided under public health supervision.

b. A dental hygienist providing services under public health supervision may provide assessments; screenings; data collection; and educational, therapeutic, preventive, and diagnostic services as defined in rule 10.3(153), except for the administration of local anesthesia or nitrous oxide inhalation analgesia, and must:

(1) Maintain contact and communication with the dentist providing public health supervision;

(2) Practice according to age- and procedure-specific standing orders as directed by the supervising dentist, unless otherwise directed by the dentist for a specific patient;

(3) Provide to the patient, parent, or guardian a written plan for referral to a dentist and assessment of further dental treatment needs;

(4) Have each patient sign a consent form that notifies the patient that the services that will be received do not take the place of regular dental checkups at a dental office and are meant for people who otherwise would not have access to services; and

(5) Specify a procedure for creating and maintaining dental records for the patients that are treated by the dental hygienist, including where these records are to be located.

c. The written agreement for public health supervision must be maintained by the dentist and the dental hygienist and must be made available to the board upon request. The dentist and dental hygienist must review the agreement at least biennially.

d. A copy of the agreement shall be filed with the Oral Health Bureau, Iowa Department of Public Health, Lucas State Office Building, 321 E. 12th Street, Des Moines, Iowa 50319.

10.5(4) Reporting requirements. Each dental hygienist who has rendered services under public health supervision must complete a summary report at the completion of a program or, in the case of an ongoing program, at least annually. The report shall be filed with the oral health bureau of the Iowa department of public health on forms provided and include information related to the number of patients seen and services provided to enable the department to assess the impact of the program. The department will provide summary reports to the board on an annual basis.

This rule is intended to implement Iowa Code section 153.15.

[**ARC 7767B**, IAB 5/20/09, effective 6/24/09; **ARC 0629C**, IAB 3/6/13, effective 4/10/13]

REPORT TO THE IOWA DENTAL BOARD

FOR DISCUSSION

DATE OF MEETING: March 28, 2013 (telephonic meeting)
RE: **Frequently Asked Question (FAQs)**
SUBMITTED BY: Melanie Johnson, Executive Director
ACTION REQUESTED: Review of FAQs and Proposed Answers

FAQs for IDB Website

The Board office receives questions on a regular basis from licensees, registrants, permit holders and members of the public about the Board, its rules and procedures. We would like to use the Board's recently updated website as a means to share answers to commonly asked questions.

Attached for your review and consideration are FAQs and responses. Some questions are still undergoing legal, policy, Board and Committee review. Those FAQs have been identified and marked as "Review of Answer Pending."

Attached for Review

- ❖ Draft FAQs



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IOWA DENTAL BOARD

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About the Board



The Iowa Dental Board is a state agency charged with the overall responsibility for regulating the professions of dentistry, dental hygiene, and dental assisting in the state of Iowa.

The Board consists of nine members appointed by the Governor, and confirmed by the Iowa Senate, to serve three-year terms. Five members are licensed dentists, two members are licensed dental hygienists, and two members represent the public.

Our Mission

The Board's mission is to ensure that all Iowans receive professional, competent, and safe dental health care of the highest quality. In pursuit of this mission, the Iowa Dental Board performs these primary functions:

- Administers examinations for the testing of dentists, dental hygienists and dental assistants;
- Issues licenses, registrations, and permits to qualified practitioners;
- Sets standards for license, registration, and permit renewal and continuing education;
- Enforces Iowa laws, which regulate the practice of dentistry, dental hygiene and dental assisting and investigates complaints concerning violations of the dental practice act and Board rules;
- Conducts disciplinary hearings and actively monitors the compliance of licensees with Board orders; and
- Adopts rules and establishes standards for practitioners pursuant to its authority under [Iowa Code](#).

Learn about the Iowa Dental Board and read about the Board's recent and future activity:

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FAQS

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Medicaid Patients

Q: I feel that seeing Medicaid patients is very important so I would like to continue doing so. However, I would like to be able to limit the amount of Medicaid patients I see and focus down to what I see as "core groups" of Medicaid patients. For example, accepting all children on Medicaid, but only accept "selected" individuals over 18 years of age (referrals from existing patients within the practice, referrals from select organizations that I have relationships with, etc.). I have talked with multiple other dentists regarding this issue and I keep getting different answers. It is getting to the point where I cannot accept all Medicaid patients but would only like to see children and select adults.

A: The Dental Board's administrative rules do not address your questions. Your questions require someone with Medicaid expertise. We contacted Iowa Medicaid Enterprise (IME) for answers to the specific questions you posed. IME's Policy Specialist indicated that the Attorney General's office advised on your questions as follows:

"The law generally allows or even provides for "discrimination" in favor of children in all kinds of ways—free schooling, limited exposure to the criminal justice system, requirements that their parents keep a roof over their heads and food in their mouths, etc.—they get all the breaks. So I'd say that everything the dentist proposes is permissible."

Recordkeeping

Q: We have a question about orthodontic models and record keeping requirements. We have an abundance of Ortho boxes filled with patient models from impression casts. We are running out of space in our basement to put more recent models. Some of our models are 7 years old or more. My question is how long do we need to keep these? And how do we go about destroying them? Each model is labeled with patient's name, date they were in, and patient number.

A: The Board has always interpreted that models are part of the patient record, which means that they are required to be retained for either 6 years or until a minor reaches age 19, whichever is longer. When the Board reviews cases, we regularly ask for the models as part of the review. In regards to the disposal question, it should be done in a manner that protects the confidentiality of the patient's information. Some offices remove all identifying information and then destroy them.

Oral Maxillofacial Surgeons

Q: Could you please advise if the State of Iowa allows Oral Maxillofacial Surgeons to perform Pre-surgical History & Physicals? Is yes, where in the Iowa Code is this addressed?

A: Pre surgical screenings (oral) for surgeries they are conducting would be fine, but they could not provide a physical, as it is not "incident or common to the practice of dentistry." (See Iowa Code 153.13)

Disaster-Related Events

Q: You wanted to know under what authority dentists licensed in other states, but unlicensed in Iowa, are permitted to assist here in Iowa during a disaster-related event. The short answer is that Iowa is a party to an Emergency Management Assistance Compact (EMAC) that has a provision which allows Iowa to request the assistance of health care or other licensed professionals from other states. Under the terms of the EMAC these individuals are deemed licensed in Iowa to render such assistance for the duration of a disaster.

A: Below is an excerpt from some guidance this office has previously received on the subject from the Attorney General's Office:

“As many of you know, Iowa is a member of the Emergency Management Assistance Compact (EMAC), which is contained at Iowa Code section 29C.21. All of the states are now parties to this agreement. EMAC contains the following provision related to licensure:

Whenever any person holds a license, certificate, or other permit issued by any state party to the compact evidencing the meeting of qualifications for professional, mechanical, or other skills, and when such assistance is requested by the receiving party state, such person shall be deemed licensed, certified, or permitted by the state requesting such assistance to render aid involving such skill to meet a declared emergency or disaster, subject to such limitations and conditions as the governor of the requesting state may prescribe by executive order or otherwise. (Article V)

In practical terms, this means the state of Iowa can request the assistance of health care or other licensed professionals (such as engineers or plumbers) from other states and such persons will be deemed licensed in Iowa to render such assistance during the duration of the disaster. The request must come through the State Emergency Operations Center (SEOC). SEOC has procedures in place for communities to make requests and to facilitate the deployment of these resources to affected communities. This process must be utilized for the “deemed licensed” provision to apply. (There are also liability protections and reimbursement provisions in EMAC which also require formal state request and approval to attach).”

- Link to Iowa Homeland Security re: the Emergency Management Assistance Compact (EMAC): www.iowahomelandsecurity.org/ProgramsIMAC_EMAC.html

Scope of Practice – Dental Hygienist

REVIEW OF ANSWER PENDING

Q: Can a RDH perform dental assistant duties?

A: Yes, a RDH can do everything a RDA can do except perform RDA “expanded functions” duties, as defined in Board rule 650--20.15.

Q: What is the scope of practice of an Iowa-licensed RDH?

A: The “practice of dental hygiene” as defined in Iowa Code 153.15 means the performance of the following *educational, therapeutic, preventive, and diagnostic* dental hygiene procedures which are delegated by and under the supervision of a licensed Iowa dentist. These services are performed under the general, direct or public health supervision of a dentist. Board rules, 650—Chapter 10, further define the scope of practice for an Iowa licensed dental hygienist.

General supervision

REVIEW OF ANSWER PENDING

Q: What are the requirements for a RDH working under “general supervision”?

A: For a RDH to work under the “general supervision” of a dentist, both of the following requirements must be met: (1) The patient must be examined by a dentist, and (2) Be a patient of record for that dentist.

Therefore, “general supervision” most often applies to work environments where a RDH is working in the same place as the supervising dentist (e.g., private practice dental office, nursing home where the dentist and RDH travel together to provide services). “General supervision of a dental hygienist” is defined in Board rule.

REVIEW OF ANSWER PENDING

Q: Can a RDH work under the “general supervision” of a dentist and provide services to individuals in a nursing home?

A: Yes, provided each of the following requirements are met: (1) Patient must be examined by a dentist, and (2) The individual must be a patient of record for that dentist.

If a RDH travels with a dentist to a nursing home where the dentist provides services then the RDH can provide services to those individuals. A RDH cannot independently provide services; only those services allowed under the “general supervision” of a dentist. Under Board rules “general supervision of a dental hygienist” means that a dentist has examined the patient and has prescribed authorized services to be provided by a dental hygienist. The dentist need not be present in the facility while these services are being provided.

REVIEW OF ANSWER PENDING

Q: What level of supervision is required for a RDH?

A: The authorized practice of dental hygiene as defined in Iowa law means the performance of: (1) educational, (2) therapeutic, (3) preventive, and (4) diagnostic dental hygiene procedures which are delegated by and under the supervision of a licensed dentist. The level of required supervision varies depending on the type of services performed. Supervision levels are: *Direct, General, Personal and Public Health*.

- *General – All.* For a hygienist to provide all possible services (educational, therapeutic, preventive, and diagnostic) under “**general supervision**,” the patient must be examined by a dentist, be a patient of record for that dentist and the services to be performed must be prescribed by the dentist.
- *General – Some.* Board rules also specifically spell out that hygienists can perform some functions under the “**general supervision**” of a dentist, even if the patient has not been examined by the dentist. These services are limited to: educational, assessments, screenings, and data collection for the evaluation by a licensed dentist. This rule does NOT list therapeutic or preventive.
- *Direct or PHS.* Board rules then state that all other authorized services (referring to therapeutic (e.g., prophys), or preventive (e.g.sealants)) to new patients shall be provided under the “**direct supervision**” or “**public health supervision**” and it requires that an exam be completed during the initial visit by a new patient, except under PH supervision.

Q: Can dental hygienists provide services in a medical office or wellness center?

A: Yes, a RDH can work at a medical center or wellness center, but only if he/she is under the general supervision of a dentist OR has a public health supervision agreement. (*See Iowa Code Section 153.15; 650 Iowa Administrative Code 10.3-10.5.*)

Public health supervision

REVIEW OF ANSWER PENDING

Q: Under a public health supervision agreement, after the initial examination by a dentist, how much time can elapse before another examination by a dentist is required before additional dental hygiene services can be provided?

Example:

- DDS performs initial examination of a patient. RDH provides therapeutic services based on DDS’s diagnosis (e.g., professional cleaning of teeth (*prophylaxis* or “*prophy*” for short). RDH also provides patient with “educational services, assessments, screenings and fluoride if specified in the supervision agreement,” as allowed by Board rule **xx**.
- Subsequent visit by patient 6 months later – RDH performs another prophylaxis; no DDS examination.
- Subsequent visit by patient 1 year later – RDH performs another prophylaxis; no DDS examination. Subsequent visit by patient 2 years later – RDH performs another prophylaxis; no DDS examination.

The first prophylaxis performed by the RDH is based on the DDS’s diagnosis after the initial examination. What about the subsequent visits? Is this allowable or must a DDS examination occur at the 6 month, 1 year and 2 year visits prior to the dental hygienist “providing further hygiene services” (i.e., the prophylaxes in this example) [see Board rule 10.5(3)“a”(3)]?

A: Answer, Option 1

No examination is required at the 6 month, 1 year or 2 year visits if the terms of the public health supervision agreement allow that period of time before another examination by the supervising dentist must occur. Current Board rules do not establish a maximum amount of time before another examination by a dentist is required. The rules were amended in 2009 to rescind the 12 month requirement for a subsequent examination. In lieu of establishing a set time, current Board rules require that time period to be included in the PHS agreement between a RDH and the supervising DDS.

Answer, Option 2

Yes, an examination by a dentist must occur at the 6 month, 1 year or 2 year visits before the dental hygienist can perform “further hygiene services.” In the example above, the RDH cannot legally provide additional hygiene services (i.e. prophylaxes) without a subsequent examination by a DDS.

Board subrule 10.3(3) states that a RDH may provide “*educational, assessment, screening, or data collection for the preparation of preliminary written records for evaluation by a dentist.*” The same subrule indicates that “*a dentist is not required to examine a patient prior to the provision of these dental hygiene services.*” This subrule does NOT list “therapeutic,” “preventative,” or “diagnostic” services. Each of these categories are part of a RDH’s scope of practice [see rule 10.3(1)]. The exclusion of these categories from the list in 10.3(3) means that a dentist would be required to examine a patient prior to the provision of “further dental hygiene services” [the phrase used in rule **xx** regarding required terms in a public health supervision agreement].

Q: Can a dental assistant work under a “public health supervision agreement”?

A: No, a dental assistant cannot work under “public health supervision.” A public health supervision agreement is between a dentist and a dental hygienist. Chapter 20 of the Board’s administrative rules states that dental assistants must work under the supervision of a dentist, and defines (3) levels of supervision: Personal, Direct, or General supervision. The Board has not adopted rules to allow dental assistants to work under Public Health Supervision. Further, the rules governing Public Health Supervision are located in Chapter 10 and only make reference to “dentist” and “hygienist”.

Q: Can a RDH place dental sealants as part of a sealant program in a “public health setting” pursuant to a public health supervision agreement? Or does the placement of sealants by a RDH require the RDH to be under the “general supervision” of a dentist?

A: A RDH cannot apply sealants under “general supervision” unless the patient is a patient of record. A RDH can apply sealants under “public health supervision.”

Q: Can a registered dental assistant provide assistance to a registered dental hygienist working under a public health supervision agreement?

A: No, a registered dental assistant cannot assist a RDH working under public health supervision, because they are seeing patients who are not patients of record for their employing dentist.

Q: Can a registered dental assistant provide services outside of a dental office? For example, could a dental assistant employed by a radiography company travel around and to mobile x-rays?

A: A dental assistant is required by Board rule 650 IAC 20.13 to work under the supervision of a dentist in a dental office. If the dental assistant in this question is not accompanied by a supervising dentist then the dental assistant would not be permitted to perform these services.

Q: Can a dental assistant provide services anywhere a dentist practices or must a dental assistant only provide services in a dental office?

A: A dental assistant can work under the “direct” or “personal” supervision of a dentist anywhere that dentist practices. But under “general supervision,” the individual must be a patient of record, and the dental assisting services must be provided in a dental office (or place the dentist practices)

Consumers

Q: I would like to know what my patient rights are regarding requesting electronic copies of my digital x-ray from my dentist. Does this fall under HIPPA?

A: If you have not already done so, we would recommend that you call your dentist first to request the records. Board rules require a dentist to furnish dental records upon the request of a patient. If no response, then you could file a complaint with the Board. A complaint form is available on our website [{link to complaint form}](#). If you want additional information, the Iowa Dental Association is another good resource to help. The Iowa State Bar Association (ISBA) would be another option if you need to consult an attorney. The ISBA has a lawyer referral service that offers an initial consultation for a small fee.

Tooth Whitening Services

General

Q: I am planning on starting a tooth whitening service. Someone told me that I can't do that unless I'm a dentist. Is that true?

A: Yes. Tooth whitening is considered the practice of dentistry. Under Iowa law, a person is not allowed to practice dentistry without an Iowa dental license. Only dentists who hold a valid Iowa dental license are permitted to provide tooth whitening services in the state. Iowa law provides for criminal penalties for the practicing of dentistry without a license.

Teeth Whitening Services at Tanning Salons

Q: I own a tanning salon and I want to sell tooth whitening gel to my customers. Can I do that?

A: Yes, provided the customer is only buying the product and then leaving the salon.

Q: What if the customer buys the whitening gel and takes it with them to use while in the tanning bed or elsewhere in the salon? Is that a violation?

A: The selling of the product alone is not the practice of dentistry. It is the selling of the product in conjunction with providing the tanning bed (or any other equipment) that is considered a violation of the part of the law that prohibits individuals from assisting with “any phase of any operation incident to tooth whitening.”

Q: We don't want anyone to apply the whitening gel wrong so our staff has been told to give the customers some instructions about how to use it properly. Is that okay?

A: No. Providing instructions to customers about how to apply the gel is not allowed under Iowa law.

Tooth Whitening at Home and Garden Shows, Fairs, Malls, etc.

Q: I want to set up a tooth whitening booth in our local mall. I plan on selling whitening gel and having my staff apply the gel and the light to the customer’s teeth for the whitening process. For extra safety, my staff has been trained in how to apply the gel and use the equipment. Any problems?

A: Yes. Unless the staff person applying the gel and using the light is a dentist with an Iowa dental license, he/she is prohibited from providing the services you described.

- For more information, refer to the Iowa Dental Board’s 2008 statement on tooth whitening [{add link here}](#)
- Iowa’s law re: practice of dentistry, including tooth whitening services. [\(Iowa Code 153.13\)](#)

153.13 “Practice of dentistry” defined.

For the purpose of this subtitle the following classes of persons shall be deemed to be engaged in the practice of dentistry:

1. Persons publicly professing to be dentists, dental surgeons, or skilled in the science of dentistry, or publicly professing to assume the duties incident to the practice of dentistry.
2. Persons who perform 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.
3. Persons who offer to perform, perform, or assist with any phase of any operation incident to tooth whitening, including the instruction or application of tooth whitening materials or procedures at any geographic location. For purposes of this subsection, “tooth whitening” means any process to whiten or lighten the appearance of human teeth by the application of chemicals, whether or not in conjunction with a light source.

About the Board

Q: How often and where does the Board meet?

A: The Board holds regular quarterly two day meetings, most often in Des Moines, IA at the Board office. The Board also conducts special meetings telephonically in between the quarterly meetings, as needed.

Q: How do I become a Board member?

A: The Dental Board is composed of nine members: 5 dentists, 2 dental hygienists and 2 members of the public. Members are appointed by the governor and confirmed by the Iowa Senate. For more information on how to seek appointment, address your questions to the governor's office at 515-281-0215 or visit their website at {add address}

Q: How can I get on the Board's email list to receive meeting notices?

A: Send an email to {add address} you would like to receive agendas for all board meetings via email and free of charge.

Q: Where can I get copies of the meeting agendas and materials?

A: Agendas and meeting materials are available on the Board's website. Go to "Agendas & Minutes" to access the information: <http://www.state.ia.us/dentalboard/board/meetings/index.html>

Enforcement

Restitution to patients

Q: I'm wondering if the Board has authority/jurisdiction to order restitution from the dentist to the patient?

A: The answer is “yes” - the Iowa Dental Board does have statutory authority to order restitution to patients. See Iowa Code section 153.33:

153.33 Powers of board.

Subject to the provisions of this chapter, any provision of this subtitle to the contrary notwithstanding, the board shall exercise the following powers:

1. *a.* To initiate investigations of and conduct hearings on all matters or complaints relating to the practice of dentistry, dental hygiene, or dental assisting or pertaining to the enforcement of any provision of this chapter, to provide for mediation of disputes between licensees or registrants and their patients when specifically recommended by the board, to revoke or suspend licenses or registrations, or the renewal thereof, issued under this or any prior chapter, **to provide for restitution to patients**, and to otherwise discipline licensees and registrants.

Services

[Under development]

REPORT TO THE IOWA DENTAL BOARD

DISCUSSION

DATE OF MEETING: March 28, 2013 (telephonic meeting)
RE: **Peer Review Consultant Contracts**
SUBMITTED BY: Melanie Johnson, Executive Director
ACTION REQUESTED: Discussion of Contract Renewals

IDB Consultant Contracts

The Iowa Dental Board has entered into professional services contracts with thirteen (12) licensed, practicing dentists and one (1) dental hygienist. Upon request of the Board, a consultant evaluates the professional services rendered by a licensee or registrant and provides the Board with a report. Currently, consultants represent the following practice areas: general dentistry, orthodontics, periodontics, endodontics, pediatrics, prosthodontics, and dental hygiene.

Current Contracts Expire on June 30, 2013

The three-year consultant contracts expire on June 30, 2013. We believe that at least three of the current consultants will not be entering into new contracts. The Board office is aware of two consultants who are retiring and one consultant has been appointed to the Board.

Attached for Review

- ❖ List of current IDB consultant contracts

Consultant Peer Review Contracts

(Updated: March 20, 2013)

Contract Start Date: July 1, 2010

Contract End Date: June 30, 2013

Terms:

- Provide peer review services pursuant to Iowa Code §272C.3, as requested by the Board.
- \$100 per case. A case will include one to three patients.
- An additional \$25 per patient in excess of three patients.
- \$35 per hour for time spent on special cases, projects assigned or preparing for testimony.
- Usual or customary hourly rate not to exceed \$250 per hour for testifying as a witness in a contested case proceeding.

<u>Practice Area</u>	<u>Consultant</u>	<u>FY2011</u>	<u>FY2012</u>	<u>FY2013 (to date)</u>
General Dentistry:	1. John Campbell, D.D.S. (Des Moines)	\$675.00	\$2,412.00	\$105.00
	2. Chadwick Johnson, D.D.S. (Pleasant Hill)	N/A	N/A	\$100.00
	3. Bruce Heilman, D.D.S. (Des Moines)	0	\$ 325.00	0
Orthodontics:	1. Blair Smith, D.D.S. (West Des Moines)	0	\$ 525.00	0
	2. Michael Hipp, D.D.S. (Des Moines)	\$825.00	\$ 100.00	0
Periodontics:	1. Guy Bilek, D.D.S. (West Des Moines)	0	0	0
	2. Deena Kuempel, D.D.S. (Cedar Rapids)	N/A	N/A	0
Endodontics:	1. Jeffrey Lilly, D.D.S. (West Des Moines)	0	0	0
Pediatrics:	1. Joseph Barsetti, D.D.S. (Des Moines)	0	0	0
	2. Kaaren Vargas, D.D.S. (North Liberty)	0	0	0
Prosthodontics:	1. Michael Arcuri, D.D.S. (Cedar Falls)	0	0	0
	2. Barry Svec, D.D.S. (Des Moines)	\$192.00	0	0
Dental Hygiene:	1. Marilyn Corwin, D.H. (Des Moines)	0	0	0
FY TOTALS:		\$1,692	\$3,362	\$205.00

REPORT TO THE IOWA DENTAL BOARD

ACTION

DATE OF MEETING: March 28, 2013 (telephonic meeting)
RE: **Rules: Proposed Amendments to Chpt. 13, “Special Licenses,” and Chpt. 15, “Fees”**
SUBMITTED BY: Melanie Johnson, Executive Director
ACTION REQUESTED: Approval to file Notice of Intended Action

2011 Rule Waiver Petition RE: Volunteer Permit Rules

You will recall in Sept. 2011 the Foundation requested a rule waiver for several of the rules related to the volunteer permit application process. The Dental Board approved some portions of the waiver and denied some parts (copy of ruling attached). Based on the Board’s decision we prepared a new, streamlined process and application form for the 2011 IMOM event (see attached).

2012 Petition for Rulemaking RE: Volunteer Permit Rules

These proposed amendments are in response to a Petition for Rulemaking filed by the Iowa Dental Foundation on October 23, 2012. The petitioner stated that the current application requirements make it more difficult to recruit out-of-state dentists to participate in the Foundation’s annual Iowa Mission of Mercy (“IMOM) event which provides free dental services to low-income Iowans. In 2012, petitioner reports that volunteer dentists and dental hygienists provided dental treatment at no cost to more than 1,389 low-income Iowans with an estimated value of more than \$923,000.

At the *October 25-26, 2012* quarterly meeting the Iowa Dental Board voted to approve the Foundation’s petition for rulemaking to simplify the volunteer permit application process.

Summary of Proposed Amendments

The proposed simplified application process will allow out-of-state dentists to obtain a temporary permit to participate in IMOM with minimal paperwork. The proposed amendments would require the submission of only the following information from out-of-state dentists/dental hygienists who apply for a temporary volunteer permit: (1) A verification of license (or substantially similar document) from the appropriate licensing board of the applicant’s home jurisdiction; and (2) A statement from the applicant seeking the temporary permit that the applicant shall practice only in a free dental clinic or dental clinic for a nonprofit organization and that the applicant shall not receive compensation directly or indirectly for providing dental services. The proposed amendments rescind the \$25 application fee. The amendments also allow for submittal of a paper or electronic form of the application.

When the rule amendments become effective an applicant will be required to:

- Provide verification of license (or substantially similar document) [Q: would “substantially similar document” mean the results of a NPDB and HIPDB query? An option that was available in §IV in the 2011 application]
- Provide a statement that the applicant will only practice in the location identified and agrees not to accept compensation for providing dental services
- Provide the name, address, and telephone number of the applicant
- Provide the location of the free clinic or dental clinic for a nonprofit organization
- Provide the dates on which the volunteer services will be provided

When the rule amendments become effective, an applicant will no longer be required to:

- Confirm that they have CPR certification.
- Provide a disclosure statement re: disciplinary actions, investigations, complaints, malpractice claims, judgments, settlements, criminal charges
- Provide evidence that there is no formal disciplinary action pending, or has ever been taken
- Provide evidence that at least one license was issued on the basis of clinical examination [Now required by rule 13.3(3)“b”(5)]

When the rule amendments become effective, the following revisions would be made to the 2011 IMOM Temporary Volunteer Permit Application for the 2013 event:

§I	<i>License Type</i>	- No changes.
§II	<i>Applicant Contact Information</i>	- Customize for the 2013 location
§III	<i>Free Dental Clinic Event Information</i>	- No changes.
§IV	<i>Out of State Licensure</i>	- Delete requirement that one license must be based on clinical examination - Delete requirement for license verification from each state; only verification of licensure in home jurisdiction required
§V	<i>CPR Certification</i>	- Delete section; documentation of CPR certification no longer required
§VI	<i>Disclosure Statement re: Disciplinary Actions, Investigations, Complaints, Malpractice Claims, Judgments, Settlements, Criminal Charges</i>	- Delete section; disclosure statement no longer required
§VII	<i>Certification of Applicant</i>	- No changes.
§VIII	<i>Authorization to Release Information</i>	- No changes.

Attached for Review

- ❖ Draft Notice of Intended Action (“NOIA”)
- ❖ 10/23/12 Petition for Rulemaking from IDA Foundation
- ❖ 10/25-26/2012 Board Minutes Approving Rulemaking Petition
- ❖ 2011 Board’s Rule Waiver Order Re: Volunteer Permit Rules
- ❖ 2011 IMOM Volunteer Permit Application

Notice of Intended Action

Pursuant to the authority of Iowa Code section 147.76, the Dental Board hereby gives Notice of Intended Action to amend Chapter 13, "Special Licenses," and Chapter 15, "Fees," Iowa Administrative Code.

The proposed amendments rescind the application fee for a temporary permit for volunteer services and reduce the amount of information required to apply for a permit for volunteer services. These proposed amendments are in response to a Petition for Rulemaking filed by the Iowa Dental Association Foundation on October 23, 2012. The petitioner states that the current application requirements make it more difficult to recruit out-of-state dentists to participate in the Foundation's annual Iowa Mission of Mercy ("IMOM) event which provides free dental services to low-income Iowans. In 2012, petitioner reports that volunteer dentists and dental hygienists provided dental treatment at no cost to more than 1,389 low-income Iowans with an estimated value of more than \$923,000.

At the October 25-26, 2012 quarterly meeting the Iowa Dental Board voted to approve the Foundation's petition for rulemaking to simplify the volunteer permit application process.

Written comments about the proposed amendments will be accepted through June 5, 2013. Comments should be directed to: Melanie Johnson, Executive Director, Iowa Dental Board, 400 S.W. 8th Street, Des Moines, IA or by email at Melanie.Johnson@iowa.gov.

A public hearing will be held on June 5, 2013 at 2:00 p.m. at the office of the Iowa Dental Board located at 400 SW 8th Street, Suite D, Des Moines, Iowa 50309-4687. 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 office and advise of specific needs.

After analysis and review of this rule making, no impact on jobs has been found.

These proposed amendments were approved at the March 28, 2013 telephonic meeting of the Iowa Dental Board.

These proposed amendments are intended to implement Iowa Code section 153.19.

The following amendments are proposed.

ITEM 1. Amend rule subrule 13.3(3) as follows:

13.3(3) Eligibility for a temporary permit to provide volunteer services.

a. A temporary permit to provide volunteer services is intended for dentists and dental hygienists who will provide volunteer services at a free or nonprofit dental clinic and who will not receive compensation for dental services provided. A temporary permit issued under this subrule shall be valid only at the location specified on the permit, which shall be a free clinic or a dental clinic for a nonprofit organization, as described under Section 501(c)(3) of the Internal Revenue Code.

b. An application for a temporary permit shall be filed on the form, paper or electronic, provided by the board, ~~and must be completely answered, including required credentials and documents. To be eligible for a temporary permit to provide volunteer services, an applicant shall provide all of the following:~~ The application form will collect the name, address, and telephone number of the applicant, the location of the free clinic or dental clinic for a nonprofit organization, the dates on which the volunteer services will be provided, and must be accompanied by each of the following:

(1) ~~The nonrefundable application fee for a temporary permit to provide volunteer services as specified in 650—Chapter 15.~~ A verification of license (or substantially similar document) from the appropriate licensing board of the applicant’s home jurisdiction.

~~(2) A statement:~~

~~1. Confirming that the applicant possesses a valid certificate from a nationally recognized course in cardiopulmonary resuscitation (CPR) that included a “hands-on” clinical component;~~

~~2. Providing the expiration date of the CPR certificate; and~~

~~—3. Acknowledging that the CPR certificate will be retained and made available to board office staff as part of routine auditing and monitoring.~~

~~—(3) A statement disclosing and explaining any disciplinary actions, investigations, complaints, malpractice claims, judgments, settlements, or criminal charges against the applicant.~~

~~—(4) Evidence that the applicant holds an active, permanent license in good standing to practice in at least one United States jurisdiction and that no formal disciplinary action is pending or has ever been taken.~~

~~—(5) Evidence from the appropriate examining board from each jurisdiction in which the applicant has ever held a license. At least one license must be issued on the basis of clinical examination.~~

~~—(6) A request for the temporary permit from those individuals or organizations seeking the applicant's services that establishes, to the board's satisfaction, the justification for the temporary permit, the dates the applicant's services are needed, and the location or locations where those services will be delivered.~~

(2) ~~(7)~~ A statement from the applicant seeking the temporary permit that the applicant shall practice only in a free dental clinic or dental clinic for a nonprofit organization and that the applicant shall not receive compensation directly or indirectly for providing dental services.

ITEM 2. Rescind subrule 15.3(17).

~~15.3(17) Temporary permit—volunteer services. The fee for an application for a temporary permit to provide volunteer services is \$25.~~

BEFORE THE IOWA DENTAL BOARD

Petition by Iowa Dental Foundation for)	PETITION FOR
amendment of 650 IAC 13.3(3) relating to)	RULEMAKING
eligibility for a temporary permit to)	
provide volunteer services and 650 IAC)	
15.1(17) relating to the fee for a temporary)	
Permit to provide volunteer services)	

1. Pursuant to 650 IAC 7.1, the Iowa Dental Foundation (“Petitioner”) hereby petitions the Iowa Dental Board (the “Board”) for amendment of 650 IAC § 13.3(3)“b” (the “Rule”), which sets forth the requirements for issuance of a temporary permit for dentists and dental hygienists to provide volunteer services at a free dental clinic. Specifically, the Petitioner seeks an amendment to the Rule to require submission of only the following information for out-of-state dentists who desire to participate in an annual free dental clinic sponsored by the Petitioner known as the “Iowa Mission of Mercy” (“IMOM”): (a) a verification of license (or substantially similar document) from the appropriate licensing board of the dentist’s home jurisdiction; and (b) a statement that the dentist will participate in the IMOM and that the dentist shall not receive compensation directly or indirectly for providing dental services at the IMOM. The Petitioner also seeks an amendment to allow this information to be provided electronically via the Board’s website. The Petitioner also seeks an amendment to the Rule to provide that dentists participating in the IMOM shall not be required to pay the nonrefundable application fee for a temporary permit to provide volunteer services.
2. Each year, the Petitioner sponsors the IMOM, a free dental clinic for persons who may not otherwise be able to obtain quality dental care. Each year, the IMOM takes place in a different region of Iowa. During the 2012 IMOM, volunteer dentists and dental hygienists provided dental treatment at no cost to more than 1,389 low-income Iowans. These services are valued at more than \$923,000.

Application of the Rule as currently in effect has created problems for the Petitioner by making it more difficult to recruit out-of-state dentists to participate in the IMOM. This is especially important in years in which the IMOM is located near the border of another state. For example, in 2011, the Petitioner held the IMOM in Sioux City and recruited dentists from Minnesota, Nebraska, and South Dakota to participate. In 2012, the Petitioner held the IMOM in Davenport and recruited dentists from Illinois, Michigan and Wisconsin to participate.

In order to participate in the IMOM, out-of-state dentists who do not hold an Iowa license to practice dentistry must obtain a temporary permit to provide volunteer dental services.

Some out-of-state dentists have indicated that the documentation is a burden and the Board's associated application fee has discouraged them from participating in the IMOM.

3. The proposed amendments would eliminate an obstacle for out-of-state dentists who are interested in helping meet the oral health needs of low-income Iowans. Specifically, the proposed amendments would set forth a simple application process to allow out-of-state dentists to obtain a temporary permit to participate in the IMOM with minimal paperwork. Based on information received from various dentists, Petitioner's staff anticipates that improved participation by out-of-state dentists would result from the adoption of the proposed amendments.
4. The Petitioner is the Iowa Dental Foundation, 5530 West Parkway, Suite 100, Johnston, Iowa 50131, (515) 986-5605. The Petitioner's legal counsel is the undersigned, Adam J. Freed and Rebecca A. Brommel, 666 Grand Avenue, Suite 2000, Des Moines, Iowa 50309, (515) 242-2400. Official communications concerning the petition should be directed to the Petitioner's legal counsel.

Dated this 22nd day of October, 2012.



ADAM J. FREED
REBECCA A. BROMMEL

BROWN, WINICK, GRAVES, GROSS,
BASKERVILLE AND SCHOENEBAUM, P.L.C.
666 Grand Avenue, Suite 2000
Des Moines, IA 50309-2510
Telephone: 515-242-2400
Facsimile: 515-283-0231
Email: freed@brownwinick.com
Email: brommel@brownwinick.com

ATTORNEYS FOR PETITIONER

Original delivered to Iowa Dental Board.

EXCERPT FROM OCTOBER 25-26, 2012 IOWA DENTAL BOARD MINUTES

PETITION FOR RULEMAKING

- *Petition from the Iowa Dental Foundation – Fee for Temporary Volunteer Permit Applications*

Ms. Johnson reported that this request stemmed from the Iowa Mission of Mercy where requests were made to waive the application fees for temporary permits for volunteers. The request is that the fee be eliminated. The Budget Review Committee looked at this request, and determined that there would be little fiscal impact.

Dr. Curry provided an overview of the number of requests for temporary permits over the last several years. The Budget Review Committee has recommended elimination of the fee for volunteers. These volunteer services are critical and the Committee members would like to encourage participation.

Ms. Slach asked for clarification about the extent of the changes. The rulemaking request has also proposed changes to the application.

Mr. Rovner provided a history of the rules regarding the volunteer permits. Dr. Rovner feels that the benefits vastly outweigh the small fee that is currently required.

- ❖ **MOVED** by ROVNER, **SECONDED** by KELLY, to approve the petition for rulemaking. Motion **APPROVED** unanimously.





STATE OF IOWA

IOWA DENTAL BOARD

TERRY E. BRANSTAD, GOVERNOR
KIM REYNOLDS, LT. GOVERNOR

MELANIE JOHNSON, J.D.
EXECUTIVE DIRECTOR

September 28, 2011

Iowa Dental Foundation
5530 West Parkway, Suite 100
Johnston, 50131

Mr. Adam Freed, Attorney at Law
Brown, Winnick, Graves, Gross,
Baskerville & Schoenebaum, P.L.C.
666 Grand Avenue, Suite 2000
Des Moines, IA 50309-2510

Dear Mr. Freed:

This is a written ruling regarding the Iowa Dental Foundation's (the "Foundation") request to waive some of the application requirements for issuance of a temporary permit for dentists and dental hygienists who seek to provide volunteer services in the 2011 Iowa Mission of Mercy (I-MOM) event to be held on November 18-19, 2011 in Sioux City, Iowa. Specifically, the Foundation requested waiver of subrule 13.3(3), paragraphs (1), (4), (5), (6) and (7):

13.3(3) Eligibility for a temporary permit to provide volunteer services.

a. A temporary permit to provide volunteer services is intended for dentists and dental hygienists who will provide volunteer services at a free or nonprofit dental clinic and who will not receive compensation for dental services provided. A temporary permit issued under this subrule shall be valid only at the location specified on the permit, which shall be a free clinic or a dental clinic for a nonprofit organization, as described under Section 501(c)(3) of the Internal Revenue Code.

b. An application for a temporary permit shall be filed on the form provided by the board and must be completely answered, including required credentials and documents. To be eligible for a temporary permit to provide volunteer services, an applicant shall provide all of the following:

(1) Satisfactory evidence of graduation with a DDS or DMD degree for applicants seeking a temporary permit to practice dentistry or satisfactory evidence of graduation from a dental hygiene school for applicants seeking a temporary permit to practice dental hygiene.

(2) The nonrefundable application fee for a temporary permit to provide volunteer services as specified in 650—Chapter 15.

(3) Evidence that the applicant possesses a valid certificate in a nationally recognized course in cardiopulmonary resuscitation.

(4) A statement disclosing and explaining any disciplinary actions, investigations, complaints, malpractice claims, judgments, settlements, or criminal charges against the applicant.

(5) Evidence that the applicant holds an active, permanent license to practice in at least one United States jurisdiction and that no formal disciplinary action is pending or has even been taken.

(6) Certification from the appropriate examining board from each jurisdiction in which the applicant has ever held a license. At least one license must be issued on the basis of clinical examination.

(7) A request for the temporary permit from those individuals or organizations seeking the applicant's services that establishes, to the board's satisfaction, the justification for the temporary

permit, the dates the applicant's services are needed, and the location or locations where those services will be delivered.

(8) A statement from the applicant seeking the temporary permit that the applicant shall practice only in a free dental clinic or dental clinic for a nonprofit organization and that the applicant shall not receive compensation directly or indirectly for providing dental services.

Specifically, the Foundation asked the Iowa Dental Board (the "Board") to waive subparagraphs (1) and (5) of the rule and permit out-of-state dentists to submit verification of license from the appropriate licensing board of the dentist's home jurisdiction in lieu of submittal of evidence of graduation with a DDS or DMD degree. The Foundation requested waiver of subparagraphs (4) and (6) and asked that the Iowa Dental Board accept in lieu of these requirements the results of a search of the National Practitioner Data Bank that would be performed by the Board. In lieu of the requirements of subparagraph (7) the Foundation asked the Board to accept previous correspondence from the Foundation that contains information about the justification for the temporary permit, the dates the applicant's services are needed and the location where the services will be delivered. Finally, the Foundation requested that the Board include in an abbreviated application form the statement required in subparagraph (8).

In accordance with 650 IAC 7.4(4), the Iowa Dental Board may grant a request for a waiver only upon showing that an applicant has satisfied the following requirements:

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.

First, in considering this evidence, the Board finds that the Foundation has demonstrated that application of the rule would impose an undue burden or hardship. In making this finding, the Board considered the information that is required in the application form for a volunteer permit, the alternate documentation or methods now available to collect the same or similar information and has determined that there are less burdensome ways to verify the information required in the rule.

Second, the Board finds that waiver of this requirement would not prejudice the substantial legal rights of any person because the alternate documentation proposed in lieu of the documentation required by the rule continues to ensure the protection of public health, safety, and welfare.

Third, the Board finds that approving the waiver would not be in violation of statute or another provision of law. Iowa Code section 153.19 provides that the Board may issue temporary permits but does not mandate specific requirements for such issuance. The specific application requirements for the issuance of a temporary permit are contained in 650 Iowa Administrative Code.

Finally, the Board finds that granting a waiver would provide substantially equal protection of public health, safety, and welfare, as would compliance with the rule.

In conclusion, the Board finds that the Foundation has established that the requirements for obtaining a waiver have been met. The Foundation's request for waiver was **APPROVED in Part and DENIED in Part** as described below:

Waiver of subparagraph 13.3(3) "b" (1): Waiver APPROVED. Submittal of verification of current licensure in good standing will meet this requirement.

(1) Satisfactory evidence of graduation with a DDS or DMD degree for applicants seeking a temporary permit to practice dentistry or satisfactory evidence of graduation from a dental hygiene school for applicants seeking a temporary permit to practice dental hygiene.

Waiver of subparagraph 13.3(3) "b" (4): Waiver DENIED. Applicant must provide this statement, as the Board believes providing this information will not be time-consuming for applicants, and this information is necessary to assure public safety.

(4) A statement disclosing and explaining any disciplinary actions, investigations, complaints, malpractice claims, judgments, settlements, or criminal charges against the applicant.

Waiver of subparagraph 13.3(3) "b" (5): Waiver APPROVED on the following conditions:

- Applicant must identify his or her primary state of practice.
- Applicant must identify the other states where the applicant is licensed.
- If the Iowa Dental Board office has reason to believe there is an issue with an applicant's out-of-state license based on the statement provided in response to 13.3(3) "b" (4) the applicant will be informed of the need for the Board office to conduct a search of the National Practitioner Data Bank (NPDH/HIPDB) and the AADB Clearinghouse before proceeding. If an applicant wishes to proceed with the application, an applicant shall submit an additional \$10 fee payable to the Board for the cost to perform the search.

(5) Evidence that the applicant holds an active, permanent license to practice in at least one United States jurisdiction and that no formal disciplinary action is pending or has even been taken.

Waiver of subparagraph 13.3(3) “b” (6): Waiver **APPROVED** on the conditions described above for subparagraph 13.3(3) “b” (5).

(6) Certification from the appropriate examining board from each jurisdiction in which the applicant has ever held a license. At least one license must be issued on the basis of clinical examination.

Waiver of subparagraph 13.3(3) “b” (7): Waiver **DENIED** because it is unnecessary. The Board office and the Foundation will use the previously agreed upon letter format for the 2011 I-MOM event, which meets the requirements of this rule.

(7) A request for the temporary permit from those individuals or organizations seeking the applicant’s services that establishes, to the board’s satisfaction, the justification for the temporary permit, the dates the applicant’s services are needed, and the location or locations where those services will be delivered.

Waiver of subparagraph 13.3(3) “b” (8): Waiver **DENIED** because it is unnecessary. A customized volunteer permit application form for the I-MOM event will be provided by the Board office for use by out-of-state dentists and dental hygienists seeking to volunteer at the I-MOM event in Sioux City. An abbreviated statement meeting the requirements of this rule will be included in the revised application, so a waiver is not necessary.

(8) A statement from the applicant seeking the temporary permit that the applicant shall practice only in a free dental clinic or dental clinic for a nonprofit organization and that the applicant shall not receive compensation directly or indirectly for providing dental services.

The Iowa Dental Board took this action at their September 27, 2011 telephonic meeting.

If you have any questions, please feel free to contact this office.

Sincerely,



Melanie Johnson, J.D.
Executive Director



STATE OF IOWA

IOWA DENTAL BOARD

TERRY E. BRANSTAD, GOVERNOR
KIM REYNOLDS, LT. GOVERNOR

MELANIE JOHNSON, J.D.
EXECUTIVE DIRECTOR

IOWA VOLUNTEER PERMIT APPLICATION FOR THE:

2011 IOWA MISSION OF MERCY (I-MOM) VOLUNTEER EVENT
TYSON CENTER, 401 GORDON DRIVE, SIOUX CITY, IA
NOVEMBER 18-19, 2011

Application Checklist

- Complete all sections of the application.
- For each state where you are licensed, you may either attach documentation of your licensure standing from each state licensing board (online print out of verification from the board's website or certified paper verification) or indicate that you want the Board to run a National Practitioner Data Bank (NPDB) and/or the Healthcare Integrity and Protection Data Bank (HIPDB) query to verify licensure standing. [See Section IV]
- Attach a copy of your current CPR certification.
- If there are any "yes" answers in Section VI (*Disclosure Statement re: Disciplinary Action, Investigations, Complaints, Malpractice Claims, Judgments, Settlements, Criminal Charges*), attach a separate, signed statement giving full details, including date(s), location(s), action(s), organization(s) or parties involved, and specific reason(s).
- Sign and date the *Certification of Applicant*.
- Sign and date the *Authorization to Release Information*
- Enclose a check made payable to the Iowa Dental Board for the \$25 nonrefundable application fee.
- Mail completed application, fee, and required documentation to:
Iowa Dental Board
400 SW 8th Street, Suite D
Des Moines, IA 50309-4687



Temporary Volunteer Permit Application

(October 2011)

I. Please Select License Type:

Dental temporary permit

Dental hygienist temporary permit

II. Applicant Contact Information:

Name: _____
 (First) (Middle) (Last)

Address: _____
 (Street) (City, State) (Zip)

Phone: _____
 (area code) + xxx-xxxx

E-mail: _____

III. Free Dental Clinic Event Information

A temporary permit to provide volunteer services is intended for dentists and dental hygienists who will provide volunteer services at a free or nonprofit dental clinic and who will not receive compensation for dental services provided. The temporary permit will be valid only at the location specified below:

Sponsor: Iowa Dental Foundation, *Phone:* (515) 986-5605
 5530 West Parkway, Suite 100
 Johnston, IA 50131

Name: Iowa Mission of Mercy ("I-MOM")

Dates: November 18-19, 2011

Location: Tyson Center, 401 Gordon Drive, Sioux City, IA

IV. Out of State Licensure Information

To be eligible for a temporary volunteer permit an applicant must hold an active, permanent license in at least one United States jurisdiction and be in good standing in that state. At least one license must be issued on the basis of a clinical examination. Please complete the information below and indicate whether you have included verification of your licensure status as described below OR if you want the Board to run a data bank query.

a) In which state do you primarily practice?

Primary practice state: _____ *License #:* _____ *Date licensed:* _____

Status: _____ *In good standing?* *Issued based on:*
 (i.e., active, inactive) Yes No clinical examination credentials
 reciprocity

Business Name: _____
Street Address: _____
City/State/Zip: _____
Telephone: _____

- Documentation required: Verification of your licensure standing in the state of current primary practice or most recent state of practice is required to complete this application. You may either attach documentation of your licensure standing from the state licensing board (online print out of verification from the board's website

or certified paper verification) or indicate that you want the Board to run a National Practitioner Data Bank (NPDB) and/or the Healthcare Integrity and Protection Data Bank (HIPDB) query to verify licensure standing.

➤ **Check one:**

- Licensure verification (online printout of paper certification) enclosed.
- I request that the Board run a NPDB/HIPDB query.

b. In what other the states are currently licensed or have you ever been licensed?

(attach additional sheets, as needed)

➤ Documentation required : Verification of your licensure standing in each state listed below is required to complete this application. You may either attach documentation of your licensure standing from each state licensing board (online print out of verification from the board’s website or certified paper verification) or indicate that you want the Board to run a National Practitioner Data Bank (NPDB) and/or the Healthcare Integrity and Protection Data Bank (HIPDB) query to verify licensure standing.

➤ **Check one:**

- Licensure verification (online printout of paper certification) enclosed.
- I request that the Board run a NPDB/HIPDB query.

1. State: : _____ License #: _____ Date licensed: _____

Status: _____
(i.e, active, inactive)

In good standing?
 Yes No

Issued based on:
 clinical examination
 reciprocity
 credentials

2. State: : _____ License #: _____ Date licensed: _____

Status: _____
(i.e, active, inactive)

In good standing?
 Yes No

Issued based on:
 clinical examination
 reciprocity
 credentials

V. Cardiopulmonary Resuscitation Certification (CPR)

An applicant must have a valid certificate in a nationally recognized course of cardiopulmonary resuscitation before a volunteer permit will be issued.

- Please attach a copy (front and back) of your current CPR card which shows the issuance and expiration dates.
- If you have recently recertified and do not yet have your card, include a letter from the instructor confirming that your CPR certification has been renewed.

VI. Disclosure Statement re: Disciplinary Action, Investigations, Complaints, Malpractice Claims, Judgments, Settlements, Criminal Charges

To be eligible for a temporary volunteer permit, an applicant must provide a statement disclosing and explaining any disciplinary actions, investigations, complaints, malpractice claims, judgments, settlements, criminal charges

DEFINITIONS FOR SECTION VI. Important! Read these definitions before completing the following questions.

“Ability to practice dentistry with reasonable skill and safety” means ALL of the following:

1. The cognitive capacity to make appropriate clinical diagnosis, exercise reasoned clinical judgments, and to learn and keep abreast of clinical developments;
2. The ability to communicate clinical judgments and information to patients and other health care providers; and
3. The capability to perform clinical tasks such as dental examinations and dental surgical procedures.

“Medical condition” means any physiological, mental, or psychological condition, impairment, or disorder, including drug addiction and alcoholism.

“Chemical substances” means alcohol, legal and illegal drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.

“Currently” does not mean on the day of, or even in weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of chemical substances or medical conditions may have an ongoing impact on the ability to function and practice, or has adversely affected the ability to function and practice within the past two (2) years.

“Improper use of drugs or other chemical substances” means ANY of the following:

1. The use of any controlled drug, legend drug, or other chemical substance for any purpose other than as directed by a licensed health care practitioner; and
2. The use of any substance, including but not limited to, petroleum products, adhesive products, nitrous oxide, and other chemical substances for mood enhancement.

“Illegal use of drugs or other chemical substances” means the manufacture, possession, distribution, or use of any drug or chemical substance prohibited by law.

In answering each of the following questions, please check the appropriate box next to each question. **FOR EACH “YES” ANSWER TO QUESTIONS 1 THROUGH 22, YOU MUST PROVIDE A SEPARATE, SIGNED STATEMENT GIVING FULL DETAILS, INCLUDING DATE(S), LOCATION(S), ACTION(S), ORGANIZATION(S) OR PARTIES INVOLVED, AND SPECIFIC REASON(S).**

YES NO

- | | | |
|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Do you currently have a medical condition that in any way impairs or limits your ability to practice dentistry with reasonable skill and safety? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Are you currently engaged in the illegal or improper use of drugs or other chemical substances? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Do you currently use alcohol, drugs, or other chemical substances that would in any way impair or limit your ability to practice dentistry with reasonable skill and safety? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. If YES to any of the above, are you receiving ongoing treatment or participating in a monitoring program that reduces or eliminates the limitations or impairments caused by either your medical condition or use of alcohol, drugs, or other chemical substances? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. If YES to any of the above, does your field of practice, the setting, or the manner in which you have chosen to practice dentistry, reduce or eliminate the limitations or impairments caused by either your medical condition or use of alcohol, drugs, or other chemical substances? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Except for minor speeding or parking offenses, have you ever been arrested, charged, convicted, found guilty of, or entered a plea of guilty or no contest to a felony or misdemeanor crime or offense, including actions that resulted in a deferred or expunged judgment? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you ever been terminated or requested to withdraw from any dental school or training program? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Have you ever been requested to repeat a portion of any professional training program/school? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Have you ever received a warning, reprimand, or been placed on probation during a professional training program/school? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Have you ever been denied a license to practice dentistry? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Have you ever voluntarily surrendered a license issued to you by any professional licensing agency? |

YES NO

- 11a. If yes, was a license disciplinary action pending against you, or were you under investigation by a licensing agency at that time the voluntary surrender of license was tendered?
- 12. Have you ever been denied a Drug Enforcement Administration (DEA) or state controlled substance registration certificate?
- 13. Have you ever surrendered your state or federal controlled substance registration or had it restricted in any way?
- 14. Aside from ordinary initial requirements of proctorship, have your clinical activities ever been limited, suspended, revoked, not renewed, voluntarily relinquished, or subject to other disciplinary or probationary conditions?
- 15. Have you ever been terminated, sanctioned, penalized, had to repay monies to, or been denied provider participation in any state Medicaid, federal Medicare, or other publicly funded health care program?
- 16. Are any malpractice claims or complaints in process/pending against you?
- 17. Have any settlement agreements been rendered or any judgments entered against you resulting from your practice of dentistry?
- 18. Are charges or an investigation currently pending relative to your dental license in any other state?
- 19. Has any jurisdiction of the United States or other nation ever limited, restricted, warned, censured, placed on probation, suspended, or revoked a license you held?
- 20. Have you ever been notified of any charges filed against you by a licensing or disciplinary agency of any jurisdiction of the U.S. or other nation?
- 21. Do you have professional liability suits in process or pending?
- 22. Have any judgments or settlements been paid on your behalf as a result of a professional liability case(s)?

YES NO

- 23. Do you understand that if a license is granted by this board, it will be based in part on the truth of the statements contained herein, which, if false, may subject you to criminal prosecution and revocation of the license?

PERSONAL & CONFIDENTIAL DATA

Privacy Act Notice: Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13), Iowa Code §§ 272J.8(1) and 261.126(1), and Iowa Code § 272D.8(1). The number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of Iowa, and as an internal means to accurately identify licensees, and may also be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

Social Security Number:

VII. Certification of Applicant

I declare, under penalty of perjury, that my answers and all statements made by me on this application and accompanying attachments are true and correct. Should I furnish any false information, or have substantial omission, I hereby agree that such act shall constitute cause for denial, suspension, or revocation of my license. I also declare under penalty of perjury that if I did not personally complete the foregoing application that I have fully read and confirmed each question and accompanying answer, and take full responsibility for all answers contained in this application.

I hereby agree to abide by the laws and rules pertaining to the practice of dentistry in the state of Iowa.

Signature of Applicant _____

On this ____ day of _____, 2011

VIII. Authorization to Release Information

I, _____, do hereby authorize a disclosure of records concerning myself to the Iowa Dental Board (IDB). This release includes records of a public, private or confidential nature.

I acknowledge that the information released to the IDB may include material that is protected by federal and/or state laws applicable to substance abuse and mental health information. If applicable, I specifically authorize the release of confidential information to and from the IDB relating to substance abuse or dependence and/or mental health.

I further agree that the IDB may receive confidential information and records, including but not limited to the following records:

- Medical records
- Education records
- Personnel or employment records, including records of any remedial, probationary, disciplinary, or any other adverse information contained in those records.
- Residency or fellowship training records, including records of any remedial, probationary, disciplinary, or any other adverse information contained in those records.
- Any information the IDB deems reasonably necessary for the purposes set forth in this release.

Release of Liability. I do hereby irrevocably and unconditionally release, covenant not to sue, and forever discharge any person or entity, including but not limited to any dental school, residency or fellowship training program, hospital, health care provider, health care facility, licensing board, impaired practitioner program, agency, or organization, which releases information to the IDB pursuant to this release from any liability, claim, or cause of action arising out of the release of such information. I further irrevocably and unconditionally release, covenant not to sue, and forever discharge the IDB, the State of Iowa, and its employees and agents from any liability, claim, or cause of action arising out of the collection or release of information pursuant to this release.

A photocopy of this release form will be valid as an original thereof, even though the photocopy does not contain an original writing of my signature.

This authorization is effective through the completion of the licensure process. I understand I have the right to revoke this authorization in writing, except to the extent that the IDB has already taken action in reliance upon this consent.

I have read and fully understand the contents of this "Authorization to Release Information."

Signature

Date

PROHIBITION ON REDISCLOSURE

This form does not authorize redisclosure of medical information beyond the limits of this consent. Where information has been disclosed from records protected by federal law for alcohol/drug abuse records or by state law for mental health records, federal requirements (42 C.F.R. Part 2) and state requirements (Iowa Code Ch. 228) prohibit further disclosure without the specific written consent of the patient except as provided in IAC 12.16(6)"b"2, or as otherwise permitted by such law and/or regulations. A general authorization for the release of medical or other information is not sufficient for these purposes. Civil and/or criminal penalties may attach for unauthorized disclosure of alcohol/drug abuse or mental health information

REPORT TO THE IOWA DENTAL BOARD

ACTION

DATE OF MEETING: March 28, 2013 (telephonic meeting)
RE: **Rules: Proposed Amendments to Chpt. 20, “Dental Assistants”**
SUBMITTED BY: Melanie Johnson, Executive Director
ACTION REQUESTED: Approval to file Notice of Intended Action

Follow-up from October 25-26, 2012 Board Meeting - Motion to Draft Rule Amendment

Excerpt from Board minutes:

Dr. Rovner asked for clarification regarding the requirements for training in expanded functions. Since registration is not required in all states, the Board may want to look at revising the rule, IAC 650—20.15 regarding registration for non-DANB certified dental assistants. Currently, the rule requires DANB-certification or a minimum of two years of clinical experience as a *registered* dental assistant. Dental assistants, who have more than two years of clinical experience, but were not registered in another state must either wait two years after becoming registered in Iowa or another state, or submit a rule waiver for approval to start training sooner.

Ms. Weeg and Ms. Johnson suggested that the Board look at revising the rule.

❖ MOVED by ROVNER, SECONDED by KELLY, to draft language to revise the requirements for expanded functions training as established in Iowa Administrative Code 650—20.15.

Summary of Amendment

The proposed amendment addresses the situation of a dental assistant applying for expanded functions training in Iowa with at least two years of dental assisting experience in a state that does not require dental assistants to be registered.

If an applicant practiced dental assisting in a state that does not require registration and has at least two years of dental assisting experience the applicant would be eligible for expanded functions training based on her/his prior dental assisting experience.

Attached for Review

❖ Draft Notice of Intended Action (NOIA)

Notice of Intended Action

Pursuant to the authority of Iowa Code section 147.76, the Dental Board hereby gives Notice of Intended Action to amend Chapter 20, "Dental Assistants," Iowa Administrative Code.

The proposed amendment modifies the requirements for training in expanded functions if an applicant is from a state that does not require dental assistants to be registered. Registration is not required in all states and currently the Board's rule requires DANB-certification or a minimum of two years of clinical experience as a registered dental assistant. Dental assistants, who have more than two years of clinical experience, but were not registered in another state must either wait two years after becoming registered in Iowa or another state, or submit a rule waiver for approval to start expanded functions training sooner. The proposed amendment would permit an applicant with at least two years dental assisting experience in a state where registration is not required to be eligible for expanded functions training.

Written comments about the proposed amendment will be accepted through June 5, 2013. Comments should be directed to: Melanie Johnson, Executive Director, Iowa Dental Board, 400 S.W. 8th Street, Des Moines, IA or by email at Melanie.Johnson@iowa.gov.

A public hearing will be held on June 5, 2013 at 3:00 p.m. at the office of the Iowa Dental Board located at 400 SW 8th Street, Suite D, Des Moines, Iowa 50309-4687. 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 office and advise of specific needs.

After analysis and review of this rule making, no impact on jobs has been found.

The proposed amendment was approved at the March 28, 2013 telephonic meeting of the Iowa Dental Board.

The proposed amendment is intended to implement Iowa Code section 153.38 and 153.39.

The following amendment is proposed.

ITEM 1. Amend rule 650—20.15 as follows:

650—20.15(153) Expanded function training approval. Expanded function training shall be eligible for board approval if the training is offered through a program accredited by the Commission on Dental Accreditation of the American Dental Association or another program prior-approved by the board, which may include on-the-job training offered by a dentist licensed in Iowa. Training must consist of the following:

1. An initial assessment to determine the base entry level of all participants in the program. At a minimum, participants must meet one of the following:

(i) be currently certified by the Dental Assisting National Board, or

(ii) ~~or must~~ have two years of clinical dental assisting experience as a registered dental assistant, or

(iii) have two years of clinical dental assisting experience as a dental assistant in a state that does not require registration ;

2. A didactic component;

3. A laboratory component, if necessary;

4. A clinical component, which may be obtained under the personal supervision of the participant's supervising dentist while the participant is concurrently enrolled in the training program; and

5. A postcourse competency assessment at the conclusion of the training program.