



STATE OF IOWA

IOWA DENTAL BOARD

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

PHIL MCCOLLUM
INTERIM DIRECTOR

IOWA DENTAL BOARD

AGENDA

October 17, 2014

Updated 10/15/2014

Updated 10/16/2014

Location: Iowa Dental Board, 400 SW 8th St., Suite D, Des Moines, Iowa

Members: *Steve Bradley, D.D.S., Board Chair; Steven Fuller, D.D.S., Board Vice Chair; Matthew McCullough, D.D.S., Board Secretary; Kaaren Vargas, D.D.S.; Tom Jeneary, D.D.S.; Mary Kelly, R.D.H.; Nancy Slach, R.D.H.; Diane Meier, Public Member; Lori Elmitt, Public Member*

Friday, October 17, 2014

COMMITTEE MEETINGS:

9:30 A.M. **EXECUTIVE COMMITTEE**

10:00 A.M. **DENTAL HYGIENE COMMITTEE**
(See separate committee agendas)

10:45 A.M. **BOARD MEETING:**

OPEN SESSION

I. CALL MEETING TO ORDER – ROLL CALL

II. 1st OPPORTUNITY FOR PUBLIC COMMENT

III. APPROVAL OF OPEN SESSION MINUTES

- a. July 31 – August 1, 2014 – Quarterly Meeting
- b. September 11, 2014 – Teleconference

IV. REPORTS

A. EXECUTIVE DIRECTOR'S REPORT

B. LEGAL REPORT

C. ANESTHESIA CREDENTIALS COMMITTEE REPORT

- a. Actions Taken by the Committee on General Anesthesia & Moderate Sedation Permit Applications

- b. Other Committee Recommendations, if any
- D. 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
- E. BUDGET REVIEW COMMITTEE REPORT**
- a. Review of Quarterly IDB Financial Report
 - b. Other Committee Recommendations, if any
- F. EXECUTIVE COMMITTEE REPORT**
- a. Update on Executive Director Search
 - b. Other business, as necessary
- G. LICENSURE/REGISTRATION COMMITTEE REPORT**
- a. Actions Taken by the Committee on Applications
 - b. Pending Licensure/Registration Application, If Any, Will Be Discussed under Agenda Item IX
 - c. Other Committee Recommendations, if any
- H. DENTAL HYGIENE COMMITTEE REPORT**
- a. Pending Dental Hygiene Applications, If Any, Will Be Discussed under Agenda Item IX
 - b. Report RE: Actions Taken at the Dental Hygiene Committee Meeting
 - c. Other Committee Recommendations, if any
- I. DENTAL ASSISTANT REGISTRATION COMMITTEE**
- a. [Committee Update](#)
 - b. [Committee Recommendations](#)
 - c. [Dental Assistants and Public Health Supervision](#)
- J. EXAMINATIONS REPORTS**
- a. CRDTS (CENTRAL REGIONAL DENTAL TESTING SERVICE) – Dental Steering Committee Report
 - b. CRDTS – Dental Hygiene Examination Review Committee Report
 - c. CRDTS – Dental Examination Review Committee Report
- K. IOWA PRACTITIONER REVIEW COMMITTEE REPORT**
- a. Quarterly Update
- L. SKILLED CARE FACILITY TASK FORCE REPORT**
- a. Committee Update
 - b. Committee Recommendations, if any

**M. EDUCATIONAL STANDARDS FOR EXPANDED FUNCTIONS
TRAINING REPORT**

- a. Committee Update
- b. Recommendations RE: Expanded Functions Course Applications
- c. Other Committee Recommendations, If Any

V. ADMINISTRATIVE RULES/ADMINISTRATIVE RULE WAIVERS

- a. Draft for Discussion – Proposed Amendments to Ch. 20, “Dental Assistants”; Ch. 23 (new chapter), “Expanded Functions for Dental Auxiliaries”
- b. Draft for Discussion – Proposed Amendments to Ch. 27, “Standards of Practice and Principles of Professional Ethics”
- c. Update – Chapter 29, “*Sedation and Nitrous Oxide Inhalation Analgesia*”
- d. Update - Chapter 52 (new chapter), “*Military Service and Veteran Reciprocity*”
- e. Other Recommendations, if any

VI. LEGISLATIVE UPDATE

VII. OTHER BUSINESS

- a. Temporary Permits for Retired Dentists
- b. Itinerant Oral Surgeons
- c. Request for National Examination Clearinghouse
- d. Request to Include Correctional Facilities in Public Health Supervision Locations
- e. Other Items, if any

**VIII. APPLICATIONS FOR LICENSURE/REGISTRATION & OTHER
REQUESTS***

- a. Ratification of Actions Taken on Applications Since Last Meeting
- b. Pending Licensure/Registration Applications*
 - i. David C. Reff, D.D.S.
 - ii. Brian D. Newell, D.D.S.

IX. 2nd OPPORTUNITY FOR PUBLIC COMMENT

X. CLOSED SESSION*

XI. ACTION, IF ANY ON CLOSED SESSION ITEMS

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

2:30 p.m.

XII. DISCIPLINARY HEARING IN THE MATTER OF CYNTHIA D. ADAMS, R.D.A.**

XIII. CONTINUE WITH ANY CLOSED SESSION AGENDA ITEMS

XIV. OPEN SESSION

- a. Action, If Any, On Closed Session Agenda Items
 - i. Approval of Closed Session Minutes
 - ii. Licensure/Registration Applications
 - iii. Statement(s) of Charges
 - iv. Combined Statement(s) of Charges, Settlement Agreement(s) and Final Order(s)
 - v. Settlement Agreement(s)
 - vi. Final Hearing Decisions
 - vii. Final Action on Non-Public Cases Left Open
 - viii. Final Action on Non-Public Cases Closed
 - ix. Other Closed Session Items
- b. Other Open Session Items, If Any

XV. CONSIDERATION OF EXECUTIVE DIRECTOR POSITION***

XVI. ADJOURN

NEXT QUARTERLY MEETING: January 22-23, 2015

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 may 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 2013 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.

***Pursuant to Iowa Code section 21.5(1)(i), this portion of the meeting may be held in closed session at the request of the candidate(s).



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IOWA DENTAL BOARD

MINUTES

July 31 - August 1, 2014

Conference Room

400 S.W. 8th St., Suite D

Des Moines, Iowa

Board Members

Steven Bradley, D.D.S.,	Present
Steven C. Fuller, D.D.S.	Present
Matthew J. McCullough, D.D.S.	Present
Thomas M. Jeneary, D.D.S.	Present
Kaaren G. Vargas, D.D.S.	Present
Mary C. Kelly, R.D.H.	Present
Nancy A. Slach, R.D.H.	Present
Diane Meier, Public Member	Present
Lori Elmitt, Public Member	Present

July 31, 2014

Staff Members

Phil McCollum, Christel Braness, Brian Sedars, Dee Ann Argo, Janet Arjes

Attorney General's Office

Sara Scott, Assistant Attorney General

Other Attendees

Eileen Cacioppo, R.D.H., Iowa Dental Hygienists' Association
Nadine DeVoss, R.D.H., Iowa Dental Hygienists' Association
Lori Brown, R.D.H., Des Moines Area Community College, Iowa Dental Hygienists' Association
Carol Van Aernam, R.D.H., Iowa Dental Hygienists' Association
R. Bruce Cochrane, D.D.S., Iowa Dental Association
Matt Maggio, D.D.S., Iowa Dental Association
Jane Slach, R.D.A., Iowa Dental Assistants Association
Francisco Olalde, University of Iowa College of Dentistry, OSCEP UI CCOM
Jeannene Veenstra, R.D.A., Iowa Dental Assistants Association
Charlotte Eby, LS2 Group
Stephen Thies, D.D.S., Iowa Academy of General Dentistry
Larry Carl, Iowa Dental Association
Mark Markham, D.D.S.
Tom Cope, Iowa Dental Hygienists' Association

Masih Safabakhsh, D.D.S.
Natalya Onnen, R.D.H., I-Smile Coordinator

I. CALL TO ORDER FOR JULY 31, 2014

Dr. Bradley called the open session meeting of the Iowa Dental Board to order at 9:53 a.m. on Thursday, July 31, 2014. A quorum was established with eight members present.

Roll Call:

<u>Member</u>	<u>Bradley</u>	<u>Elmitt</u>	<u>Fuller</u>	<u>Jeneary</u>	<u>Kelly</u>	<u>McCullough</u>	<u>Meier</u>	<u>Slach</u>	<u>Vargas</u>
Present	x	x	x	x	x		x	x	x
Absent						x			

II. 1st OPPORTUNITY FOR PUBLIC COMMENT

Dr. Bradley asked everyone to introduce themselves.

Dr. Bradley allowed the opportunity for public comment.

Ms. Onnen asked to speak about the school-based, public health sealant programs. Ms. Onnen encouraged the Board to consider allowing dental assistants to work in these programs.

Mr. Carl reported that the IMOM program is scheduled for Sept 26-27, 2014, in Waterloo, IA.

Mr. Cope thanked the Board for their work drafting rules related to the proposed changes to expanded functions. The IDHA has some concerns about the language used in the proposed changes to Iowa Administrative Code 650—23.3. Mr. Cope thought it was unnecessary to restate the scope of practice there. Mr. Cope stated that there were still some questions about the requirement for direct supervision in the proposed draft, which differs from what is currently allowed by rule.

III. COMMITTEE APPOINTMENTS

Dr. Bradley reported that a few of the committees were too large, which has created problems with establishing quorums. Dr. Bradley stated that he would like to reduce the size of some of these committees.

Dr. Bradley stated that the Continuing Education Advisory Committee and Anesthesia Credentials Committee would remain unchanged.

Mr. McCollum reported that the Iowa Practitioner Review Committee is looking for a psychiatrist to replace Dr. Greenfield, who is no longer serving on the committee. Mr. Sedars stated that the committee could benefit with the addition of more members. The Board may consider the addition of members to the IPRC at a later date.

Dr. Bradley chose to leave the Dental Assistant Registration Committee as currently established. Ms. Braness mentioned that the committee previously discussed adding another dental assistant as a member of the committee. Ms. Slach asked about the addition of a dental hygienist to the committee. Dr. Bradley stated that he would leave the committee as established for the time being, and may consider the addition of another dental assistant member at a later date.

Dr. Bradley indicated that the Licensure/Registration Committee and the Budget Review Committee would also remain as currently established.

The task forces has posed some difficulty due to their size. Dr. Fuller asked if a quorum is required for the task forces to meet. Ms. Scott stated that since the task forces are not established in Iowa Administrative Code, they can meet without a quorum; though, to meet without a quorum may raise some questions about the task force's authority if there is not a quorum. The recommendations may be less meaningful due to lack of participation.

The question becomes whether the Board would want to allow committees and task forces to meet without quorums. Mr. McCollum gave the example where a task force could meet with fewer than half the members. For a vote to pass, the vote only requires a simple majority of those in attendance. You could end up with recommendations coming out of the task force, which may not be representative of the whole task force. Best practice, in the past, has been to require a quorum.

Dr. Bradley reported that the entire Dental Assistant Registration Committee was appointed to serve on the Educational Standards for Expanded Functions Training Task Force. Due to the size of the task force, there have been difficulties scheduling meetings. To make the size of the task force more manageable, Dr. Bradley reorganized the composition of the task force. In lieu of the entire Dental Assistant Registration Committee serving on the task force, one member of the Dental Assistant Registration Committee would be appointed to serve on the Educational Standards for Expanded Functions Training Task Force. Dr. Jeneary volunteered to remain on the task force as a representative of the Dental Assistant Registration Committee. Ms. Braness asked for clarification as to who would be removed from the task force. Dr. North, Dr. Fuller, Ms. Meier and Ms. Bell would be removed from the task force. The other task force members will remain as originally appointed.

Mr. McCollum reported that the Skilled Care Task Force has not met recently. Mr. McCollum recommended following up with Dr. Kanellis about scheduling future meeting dates.

Dr. Bradley stated that he would continue to serve on the CRDTS Steering Committee. Dr. Bradley asked that Dr. Vargas and Ms. Kelly continue to serve on the CRDTS examination review committees.

Dr. Bradley recommended leaving the Ad Hoc Examination Committee as currently established.

- ❖ MOVED by JENEARY, SECONDED by KELLY, to update the committees and task forces as discussed. Motion APPROVED unanimously.

IV. APPROVAL OF OPEN SESSION MINUTES

- *April 10, 2014 Quarterly Meeting Minutes*
- ❖ MOVED by KELLY, SECONDED by ELMITT, to APPROVE the open session minutes as submitted. Motion APPROVED unanimously.
- *May 9, 2014 – Teleconference Meeting Minutes*
- ❖ MOVED by KELLY, SECONDED by VARGAS, to APPROVE the open session minutes as submitted. Motion APPROVED unanimously.

IV. REPORTS

EXECUTIVE DIRECTOR'S REPORT

Mr. McCollum reported that FY2014 closed on June 30, 2014. Payments for FY2014 will continue to be processed through August 31, 2014. Revenue was higher than projected. Expenditures were down, due, in large part, to the position of the executive director being vacant.

Mr. McCollum reported that the Board was half-way through the renewal season for dentists. To date, renewals appeared to be going smoothly. Nearly 1000 licensees had renewed, with approximately 1200 renewals remaining. Approximately 80% of renewals were submitted online.

Mr. McCollum reported that the small amount of negative feedback that Board staff received regarding the renewals process related to the state of Iowa's user account system. Once licensees reached the Board's online database, the problems were minimal.

Mr. McCollum reported that the search for a new executive was underway. During the initial application period, approximately 40 resumes were received at the Board office. The list of applicants provided by DAS-HRE did not match the information on file with the Board office. The hiring committee chose to repost the position to allow all interested candidates the opportunity to submit an application. The job will be posted for another two weeks. Applicants, who submitted resumes to the Board office and were not included on the list of applicants provided by DAS-HRE, would be contacted and asked to reapply for the position if still interested.

Ms. Braness provided a brief overview of budget and productivity data for the last several fiscal years to offer as a comparison. A copy of the information was provided in the Board members folders.

Ms. Slach asked if the new graduates were applying online. Ms. Braness stated that a large number were making use of the online system. Mr. McCollum reported that many applied in advance of graduation, allowing staff to issue many licenses very shortly after the receipt of documentation from the University of Iowa College of Dentistry documenting their graduation. Ms. Braness reported that she encouraged new graduates, when possible, to apply early so as to avoid delays later in the process. Many of the dental graduates were issued licenses within 2-3 weeks of

graduation, in cases where all documentation had been forwarded. In the last few years, it was not uncommon for licensing to take 2-3 months.

Dr. Cochrane inquired about the dental hygiene applicants. Ms. Braness reported that the applications for dental hygienists are also being processed more quickly. The difference in turnaround times between dental and dental hygiene applications is the difference in volume of applications between the two. There is a significantly higher number of dental hygiene applications. Though, turnaround times for dental hygiene applications have improved vastly over the past few years.

LEGAL REPORT

Ms. Scott reported on the Matter of Dr. Jay Buckley. The District Court has affirmed the Board's decision. To date, Dr. Buckley has not yet filed an appeal; though, Dr. Buckley still has time to file an appeal should he choose to do so.

Ms. Scott reported that the governor signed into law the Home Base Iowa Act. The law would require licensing boards to develop provisions to review training completed by veterans, and create pathways by which that training might be used for licensure in Iowa. Licenses would need to be expedited for veterans coming in from out of state. The Board could still deny licenses based on the current provisions for denial. If another state's licensing requirements were similar, a license would need to be issued. If not, the Board may need to look at issuing temporary or provisional licenses to allow the veteran time to meet the requirements for licensure in Iowa.

The legislation requires that the administrative rules be established. Procedures to implement the requirements of the Home Based Iowa Act must be in place by January 2015. The Board will likely need to address this at the next meeting of the Board.

Mr. Carl asked if the language would be standardized across the various licensing boards. Ms. Scott stated that the language would be similar since the Attorney General's office, in conjunction with the Governor's office, proposed language as a basis to start. Individual licensing boards may change the language slightly to address items related to their particular professions.

Mr. Carl asked if the rules would be filed on emergency basis. Ms. Scott was not sure; though, there could be a potential basis for emergency filing given the deadline to establish requirements.

Ms. Slach asked about training requirements. Ms. Scott stated that there are different sections: those who are not currently licensed, and those who are. The requirements would vary depending upon each scenario. The Board will need to make some assessments depending upon the details of the situation.

ANESTHESIA CREDENTIALS COMMITTEE REPORT

Dr. Vargas reported that the Anesthesia Credentials Committee recently met to review applications and to discuss other committee-related matters. Dr. Vargas provided an overview of the committee's actions.

CONTINUING EDUCATION ADVISORY COMMITTEE REPORT

- *Recommendations RE: Continuing Education Course Applications*
- *Recommendations RE: Continuing Education Sponsor Application(s)*

Ms. Elmitt provided an overview of the committee's recommendations.

Ms. Slach asked about the tobacco cessation courses and the recommendations to deny credit for the courses. Ms. Braness reported that the committee was concerned that the emphasis of the course was not appropriate to dentistry. The emphasis seemed to be more focused on diagnosis and treatment, as opposed to courses that focused on identification and referral as it relates to dentistry. The committee has indicated that it would reconsider the decision for credit should further information be submitted for review.

Ms. Kelly stated that at one of the previous meetings there was some discussion about public health courses and how the rules related to approval of those courses. Ms. Kelly asked that this be discussed further at a meeting of the committee.

❖ **MOVED** by ELMITT, **SECONDED** by KELLY, to **APPROVE** the committee's recommendations as submitted. Motion **APPROVED** unanimously.

- *Other Committee Recommendations, If Any*

BUDGET REVIEW COMMITTEE REPORT

- *Review of Quarterly IDB Financial Report*

Dr. Fuller reported that there was nothing to report at this time.

Mr. McCollum reported that the committee would be scheduled to meet a later date to review updated budget data after all payments from FY2014 are processed.

- *Other Committee Recommendations, If Any*

There were no other recommendations from the committee.

EXECUTIVE COMMITTEE REPORT

There was nothing to report.

LICENSURE/REGISTRATION COMMITTEE REPORT

- *Actions Taken by Committee on Applications*

Dr. Jeneary provided an overview of the applications reviewed and actions taken by the committee since the last quarterly Board meeting. Dr. Jeneary noted that a list of actions taken by the committee was included in the Board members' folders.

- *Pending Licensure/Registration Applications, If Any – Will be Discussed under Agenda Item VIII*
- *Other Committee Recommendations, If Any*

There were no other recommendations from the committee.

DENTAL HYGIENE COMMITTEE REPORT

- *Pending Dental Hygiene Applications, If Any – Will be Discussed Under Agenda Item VIII*
- *Report RE: Actions Taken at Dental Hygiene Committee Meeting*

Ms. Kelly reported the Dental Hygiene Committee met earlier that morning. The committee discussed the request to allow dental assistants to assist dental hygienists in public health settings. The Dental Hygiene Committee would ask that the Dental Assistant Registration Committee make this a priority for review and recommendation.

- *Committee Recommendations, If Any*

DENTAL ASSISTANT REGISTRATION COMMITTEE REPORT

Dr. Fuller reported that there was nothing to report.

EXAMINATIONS REPORT

- *CRDTS – Dental Steering Committee Report*

Dr. Bradley reported that California will be adding the CRDTS' dental hygiene examination next year. The state of California does not accept portfolio examinations. Ms. Kelly stated that she'd heard reports that California had abandoned the pilot project related to the portfolio examinations.

Dr. Bradley reported that the CRDTS' annual meeting is coming up in August 2014 in Kansas City, Missouri.

Dr. Bradley stated that there was some discussion about marijuana and how legalization of marijuana may impact licensing. CRDTS' recommendation was to treat marijuana use, in states where it's legal, the same as a DUI.

- *CRDTS – Dental Hygiene Examination Review Committee Report*

Ms. Kelly reported that some changes were made to the examination last year which resulted in more patients qualifying. Candidates sometimes have difficulty finding patients who qualify. Statistically, there were no changes as to the scoring and validity of the examination.

Iowa Western Community College has a remediation program for dental hygienists.

CRDTS is currently accepted in 41 states, of which 20 states are members. The rate of acceptance comes close to being considered a national examination. Among the states that accept ADEX, which some consider a national examination, there are different criteria for acceptance.

- *CRDTS – Dental Examinations Review Committee Report*

Dr. Vargas reported that CRDTS was in the news in Kansas recently as it related to a HIPAA violation. Dr. Vargas stated that CRDTS was not sure how this will be addressed.

Dr. Bradley reported that a temporary employee threw out patient records. Within the records, were plastic teeth and other models. The EPA questioned if the materials were a biohazard, though the primary concern was HIPAA violation.

QUARTERLY IPRC REPORT

Mr. Sedars provided an overview of the current IPRC data.

SKILLED CARE FACILITY TASK FORCE REPORT

Mr. McCollum reported that the task force has not recently met.

EDUCATIONAL STANDARDS FOR EXPANDED FUNCTIONS TRAINING TASK FORCE REPORT

Mr. McCollum reported that the task force has not recently met.

V. ADMINISTRATIVE RULES/PETITION FOR RULE WAIVER

- *Notice of Intended Action – Proposed Amendments to Ch. 29, “Sedation and Nitrous Oxide Inhalation Analgesia”*

Mr. McCollum reported that the Board drafted a Notice of Intended Action for consideration. The proposed changes would allow PALS certification in lieu of ACLS, and require capnography or precordial/pretracheal stethoscopes for moderate sedation permit holders when providing sedation services. Mr. McCollum stated that no comments were received recently.

- ❖ **MOVED by KELLY, SECONDED by VARGAS, to APPROVE and file the Notice of Intended Action. Motion APPROVED unanimously.**

- *Draft for Discussion – Proposed Amendments to Ch. 20, “Dental Assistants”; Ch. 23 (new chapter), “Expanded Functions for Dental Auxiliaries”*

Mr. McCollum reported that comments were recently received regarding the proposed changes. The Iowa Dental Assistants Association indicated that they were in favor of the draft as written. The Iowa Dental Hygienists' Association expressed some concerns regarding the scope of practice and continuity throughout the rules. The Board may want to reconsider some of the language used.

The Iowa Dental Association expressed concerns with the proposed requirement regarding ‘level 2’ providers, and the need to complete training in all ‘level 1’ expanded functions prior to training in ‘level 2’ expanded functions. The placement and removal of periodontal dressings were given as examples of ‘level 1’ expanded functions, which may not be of use in all offices.

Mr. Carl expressed some hope that the intention of the Board would be to consider approving a Notice of Intended Action at the next meeting to avoid further delays. Mr. McCollum is open to this suggestion; however, he would prefer to wait until there is better consensus about the proposed changes.

- ❖ MOVED by KELLY, SECONDED by MEIER, to table this discussion until the related committees can meet and discuss this further to better address the proposals. Motion APPROVED unanimously.

Mr. McCollum stated that he would do what he can to keep this issue moving forward.

- *For Discussion – 650—27.11, “Record Keeping”*

Mr. McCollum reported that the Board regularly receives a lot of questions about record keeping. In particular, the questions seem to focus on record retention, as well as questions about what must be saved as part of the patient record. Board staff have typically recommended that the patient record should include everything related to the treatment of the patient.

Ms. Kelly referenced Iowa Administrative Code 650—27.11(1), which states what needs to be included in the patient record. Mr. McCollum agreed; however, he wanted to know if the Board would prefer to keep the requirements the same, or propose changes to the record keeping requirements. One of the big questions regarding retention relates to the retention of study models and casts.

Dr. Vargas stated that her understanding is that the American Association of Orthodontists recommends keeping records for 6 years from the date that treatment is completed. Dr. Vargas stated that this recommendation for retention makes more sense for cases where treatment options are limited.

- ❖ MOVED by VARGAS, SECONDED by JENEARY, to recommend a rule change to require the retention of study models and casts for 6 years following the date that treatment is completed. Motion APPROVED unanimously.

Mr. McCollum stated that he will provide a draft for discussion at the next meeting.

- *Request for Rule Waiver – Ryan Hussong, D.D.S. – IAC 650—29.5(1)*

Ms. Braness provided an overview of the request. Dr. Hussong is asking for a rule waiver to allow a licensed anesthesiologist to come into his office to provide sedation at his facility.

Dr. Bradley asked Board staff for their input on this request. Board staff stated that the facility requirements would still need to be met; however, the dentist would not need to be trained in sedation, or obtain a permit to provide sedation services at the facility. Mr. McCollum reported that, historically, the Board has still required practitioners, who have had sedation requirements waived, to maintain an adequately equipped facility; though, they would not be required to be trained in the use of the equipment.

Dr. Vargas recommended that dentists be somewhat familiar with the medications in the event of a complication.

Mr. McCollum reported that at least one other waiver request of this nature had been approved by the Board.

- ❖ MOVED by KELLY, SECONDED by VARGAS, to APPROVE the waiver as requested. Motion APPROVED unanimously.

VI. LEGISLATIVE UPDATE

Dr. Bradley reported that there is nothing to report at this time.

Mr. McCollum reported that the Board will again pursue legislative change related to the position of the executive director.

VII. OTHER BUSINESS

MEETING DATES

If the members need more time to review the proposed meeting dates, the Board can revisit this discussion in open session after closed session.

REQUEST FOR APPROVAL – MOBILE DENTAL BUSINESS

Mr. McCollum reported that this request was withdrawn prior to the meeting.

FOR DISCUSSION – CORPORATE DENTISTRY

Mr. McCollum reported that the Iowa Dental Association wished to make a report to the Board on a few of the items listed on the agenda.

Dr. Bruce Cochrane, Iowa Dental Association (IDA) and former board member, asked to speak on a few matters.

Over time, Dr. Cochrane reported that his intention is to give back and allow others to provide volunteer services to the community. The IDA would like to address some issues related to that.

Dr. Cochrane reported that the Iowa Dental Association has four issues that are a priority:

1. Expanded functions: the IDA will work with the Board to address these proposals as it works its way through the rulemaking process.
2. Executive Director of the Iowa Dental Board: Dr. Cochrane agreed with the Board's recommendation to make this an at-will position. The Iowa Dental Association offered to make available their legal staff and lobbyists to help the Board pursue these changes. The members of the Iowa Dental Association are willing to testify before the legislature as needed.
3. Corporate Dentistry: The Iowa Dental Association would recommend that the Board find a way to address some of the issues related to corporate, out-of-state ownership of dental practices. The Iowa Dental Association has drafted language, which, if passed into law, would allow the Board to regulate corporate practices, and allow the Board to better address concerns related to the corporate practice of dentistry. The language is fairly simple: dental corporations, which are owned by licensees or other organizations not licensed in Iowa, would be required to register their dental corporation with the Iowa Dental Board. The Iowa Dental Association is willing to work with the Board on finalizing the proposed language for consideration. The Iowa Dental Association will provide their services to the Board as needed. If the Board is in disagreement, the Iowa Dental Association may pursue the legislative changes on their own.
4. Retired dental license – Dr. Cochrane will address this topic a little later in the meeting.

Current law gives the Iowa Dental Board authority over Iowa-licensed dentists, dental hygienists and assistants. In cases where a dental practice is owned and operated by an Iowa licensee, the Board has authority to take action when necessary to ensure safety to the public. If the corporation is owned by an individual or organization from out of state, wherein there is no Iowa-licensee owner, the Board has little jurisdiction and authority over non-licensees, and may be unable to take action as may be required as to adequately protect the public. The proposal would require corporations, wherein an Iowa-licensee is not an owner/operator, register with the Iowa Dental Board. The Iowa Dental Association thought that this would be a good starting point; however, they are open to suggestions on this matter.

Mr. McCollum stated that the Board welcomed the opportunity to work with the Iowa Dental Association on this.

Dr. Mark Markham reported that he currently works for Midwest Dental, a corporate practice based, whose headquarters are in Wisconsin. Dr. Markham stated he sold his practice, reluctantly, due to health issues, at his wife's request. A number of practitioners and corporate practices looked at purchasing his practice. Iowa Dental Supply and Patterson Dental recommended that he consider Midwest Dental.

Midwest Dental has indicated that they want to address concerns proactively, rather than reactively. Dr. Markham has been made an owner at his location to address some of the concerns, which the Board may have in response to the corporate practice of dentistry. Dr. Markham stated that he enjoys working at his practice, and is allowed control over the management of his practice. Dr. Markham cannot speak about other corporate practices, such as Aspen Dental; however, he understands some of the concerns about some of them. Dr. Markham stated that the Midwest Dental corporate office has been good about ensuring compliance with Iowa regulations.

Dr. Cochrane stated that the issue of corporate dentistry is not going to go away; however, he hopes that the proposed legislation would address some of the concerns related to these types of practices.

TEMPORARY PERMITS FOR RETIRED DENTISTS

Dr. Cochrane reported that Mr. McCollum was provided draft language regarding the Iowa Dental Association's proposed legislation to allow volunteer permits for retired dentists. The proposed legislation will be introduced in the upcoming legislative session. Dr. Cochrane stated that the Board agreed to look into this matter five (5) years ago. Since that time, the Board has not yet made any recommendations concerning this matter. Dr. Cochrane reported that the Iowa Dental Association is committed to this, and will seek legislative action in the upcoming session; however, they would like to work with the Board on this matter if possible.

Dr. Cochrane expressed his disagreement related to some of the arguments against the use of retired dentists as volunteers. Dr. Cochrane believes that the licensees can, and will, monitor themselves to address concerns as needed. Dr. Cochrane stated that there is a need to allow these individuals to provide volunteer services to those in need. There is a desire among the older dentists to assist populations, who do not have regular access to dental care.

Dr. Bradley stated that he would like to work with the Iowa Dental Association on this matter, but recommended limiting the services, which retired practitioners be allowed to provide. Dr. Bradley recommended limiting the services to those that would be reversible. Dr. Cochrane disagreed with this proposal.

Mr. McCollum stated the he looked forward to working with the Iowa Dental Association to find a solution, which addresses everyone's concerns. Dr. Cochrane welcomed the Board's assistance; however, Dr. Cochrane stated that the Iowa Dental Association was committed to moving forward with legislation.

Ms. Kelly asked Dr. Cochrane if there was information about what each state requires for volunteer licenses.

Ms. Cacioppo asked Dr. Cochrane about the corporate dental practice issue as it related to companies, who are offering their service to care facilities. Mr. Carl stated that the draft legislation would address those concerns as well.

Mr. Carl reported that he was contacted by the Iowa Association of Oral and Maxillofacial Surgeons and asked to share some concerns. The IAOMS has concerns about itinerant surgeons,

who move around the state in the course of the practice. In some cases, practitioners are providing services and then leaving the area after the services have been provided, leaving patients with few options regarding potential follow-up. Follow-up is lacking in these situations, and often falls on local practitioners to provide post-operative care. Sometimes, the post-operative needs exceed the capabilities of local practitioners. There are questions about safety, quality of care, requirements for sedation, staff requirements, and continuity of care. The IAOMS would like to work with the Board to address these concerns.

Ms. Braness and Mr. McCollum reported that they saw a copy of the email earlier that morning. Due to the time it was received, it could not be added for consideration at this meeting. Mr. McCollum indicated that this item will be scheduled for consideration at the next Board meeting.

REQUEST FOR CONTINUING EDUCATION FOR VOLUNTEER PROVIDERS

Ms. Braness provided an overview of the request. A charity organization in Belize has asked the Board to consider allowing continuing education credit for volunteer providers. In the past, they worked with an Iowa-licensee, who provided volunteer services, who had been unable to claim continuing education credit for his work there.

Ms. Braness reported that the Board periodically receives requests for continuing education credit for volunteer services. Historically, the Board has responded that volunteer work, while admirable, does not necessarily advance the education or training of the participants. Therefore, continuing education credit could not be awarded pursuant to Iowa Administrative Code 650—Chapter 25.

Mr. McCollum stated that the Board may want to direct staff to provide a standard response, unless they want to revisit this topic each time a request is received.

Ms. Slach inquired about Board responses provided in the past. Ms. Braness clarified that Iowa Administrative Code 650—Chapter 25 does not allow continuing education credit for volunteer work. The other concern is the intent of continuing education, which is to further the dental education and knowledge of dental practitioners. While admirable, volunteer work alone does not meet this intent.

- ❖ **MOVED** by VARGAS, **SECONDED** by KELLY, to **DENY** the request due to the current regulations pertaining to continuing education eligibility, as stipulated in Iowa Administrative Code 650—Chapter 25. The letter should clarify that volunteer work does not meet the intent of continuing education as established in the rules.

Ms. Kelly asked how the Board may want to address this if they were to consider some of these unique situations, which occur during volunteer settings, as educational opportunities. Ms. Kelly reported that some other states allow a limited number of continuing education credit for volunteer work.

Ms. Braness clarified that a change to the administrative code would be needed before continuing education credit could be awarded for volunteer work. The Board could pursue rulemaking if they want to consider offering continuing education hours for volunteer work.

Dr. Vargas stated that volunteering is commendable; however, continuing education hours are intended to better their dental knowledge and learn new concepts. The intent of volunteer work is not to hone clinical skills or increase dental knowledge.

Ms. Slach asked about incorporating continuing education into the volunteer programs. If continuing education were built into the volunteer events, that would be a way for participants to get continuing education credit while offering their services to those in need. Ms. Slach suggested including some of these suggestions into the standard response provided in response to these requests. Ms. Braness stated that this information could be included.

Ms. Veenstra, IDAA, reported that some of these practitioners are going to third-world countries, where there may be more opportunity to learn more than in volunteer settings in first-world countries. Ms. Slach did not disagree with Ms. Veenstra; however, she did not feel that it does not rise to the threshold of advancing dental education. Dr. Vargas responded by saying that she from a third-world country and did her 4th year in a rural area. While some of these cases are interesting, they do not necessarily equate to education as intended. Dr. Vargas agreed that if a continuing education component is built into the volunteer services, or if the provider were to come back and teach what they learned, it could be eligible for hours pursuant to the rules.

Ms. Brown, DMACC, inquired about a situation where a practitioner might come back and write about their experiences. Ms. Braness stated that there is a provision in the rules to allow continuing education credit for publication of articles published in journals related to dentistry.

An amendment was made to the motion to include ideas about how continuing education hours could be earned in conjunction with volunteer work.

- ❖ **MOVED** by VARGAS, **SECONDED** by KELLY, to **DENY** the request due to the current regulations pertaining to continuing education eligibility, as stipulated in Iowa Administrative Code 650—Chapter 25. The letter should clarify that volunteer work does not meet the intent of continuing education as currently established in the administrative code, and provide some examples about how continuing education hours may be earned under the current rules, or incorporated into volunteer settings. Motion **APPROVED** unanimously.

PUBLIC HEALTH SUPERVISION

Ms. Braness reported that the CY2013 numbers were provided by Iowa Department of Public Health. No action is required.

VIII. APPLICATIONS FOR LICENSURE/REGISTRATION & OTHER REQUESTS

RATIFICATION OF ACTIONS TAKEN ON APPLICATIONS SINCE LAST MEETING

Mr. Braness reported that the Board was provided an updated list of actions taken in response to applications for license, registration, qualification, and permit.

- ❖ MOVED by MEIER, SECONDED by VARGAS, to approve the list as submitted. Motion APPROVED unanimously.

PENDING LICENSURE/REGISTRATION APPLICATIONS

- *Masih Safabakhsh, D.D.S. – Request for Reinstatement*

This application was discussed in closed session.

IX. 2nd OPPORTUNITY FOR PUBLIC COMMENT

Dr. Bradley allowed the opportunity for public comment.

Ms. Veenstra reported that dental assistants do not have representation on the Board. The Dental Assistant Registration Committee was established to provide dental assistants representation. Ms. Veenstra requested that the Board strongly consider the addition of another dental assistant to the Dental Assistant Registration Committee. Dr. Bradley stated the he will take this under advisement.

XI. CLOSED SESSION

- ❖ MOVED by KELLY, SECONDED by ELMITT, for the Board to go into closed session at 11:37 a.m. on Thursday, July 31, 2014, pursuant to Iowa Code Sections 21.5(1)(a), (d) and (f) to discuss and review applications, complaints and investigative reports which are required by state law to be kept confidential and to discuss whether to initiate disciplinary investigations or proceedings.

<u>Member</u>	<u>Bradley</u>	<u>Elmitt</u>	<u>Fuller</u>	<u>Jeneary</u>	<u>Kelly</u>	<u>McCullough</u>	<u>Meier</u>	<u>Slach</u>	<u>Vargas</u>
Aye	x	x	x	x	x		x	x	x
Nay									
Absent						x			

Motion APPROVED by ROLL CALL.

- The Board went into closed session at 11:37 a.m.
- The Board took a brief recess at 11:37 a.m.
- The Board reconvened at 12:00 p.m.

XVI. OPEN SESSION

- ❖ MOVED by ELMITT, SECONDED by VARGAS, to return to open session. Motion APPROVED unanimously.
- The Board reconvened in open session at 4:15 p.m. on July 31, 2014.

1. Closed Session Minutes

- ❖ MOVED by MEIER, SECONDED by VARGAS, to approve the closed session minutes for the April 10, 2014 quarterly meeting. Motion APPROVED unanimously.

2. *Disciplinary Orders*

- ❖ MOVED by MEIER, SECONDED by VARGAS, to approve the proposed Combined Statement of Charges, Settlement Agreement and Final Order in the Matter of Bethany L. Loso, R.D.A., file number 13-0054. Motion APPROVED unanimously. Dr. Vargas recused.
- ❖ MOVED by MEIER, SECONDED by VARGAS, to approve the proposed Combined Statement of Charges, Settlement Agreement and Final Order in the Matter of Frederick K. Cheung, D.D.S., file number 13-0055. Motion APPROVED unanimously. Dr. Vargas recused.
- ❖ MOVED by MEIER, SECONDED by VARGAS, to approve the proposed Combined Statement of Charges, Settlement Agreement and Final Order in the Matter of Connie R. Irwin, R.D.A., file number 14-0048. Motion APPROVED unanimously.
- ❖ MOVED by KELLY, SECONDED by SLACH, to approve the proposed Combined Statement of Charges, Settlement Agreement and Final Order in the Matter of Robin M. Kehrli, R.D.H., file number 13-0085. Motion APPROVED unanimously.

3. *Compliance with Disciplinary Orders*

- ❖ MOVED by JENEARY, SECONDED by ELMITT, to approve the proposed courses for remediation in the Matter of Gene V. Mueller, D.D.S., file number 10-115. Motion APPROVED unanimously.
- ❖ MOVED by JENEARY, SECONDED by ELMITT, to approve the proposed course for remediation, approve practice monitor, and approve Reinstatement Application in the Matter of Masih Safabakhsh, D.D.S., file number 10-059. Motion APPROVED unanimously.

4. *Final Action on Cases*

- ❖ MOVED by MCCULLOUGH, SECONDED by FULLER, to close file number 13-021. Motion APPROVED unanimously.
- ❖ MOVED by MCCULLOUGH, SECONDED by FULLER, to keep open file number 13-0065. Motion APPROVED unanimously.
- ❖ MOVED by MCCULLOUGH, SECONDED by FULLER, to keep open file number 13-0066. Motion APPROVED unanimously.
- ❖ MOVED by MCCULLOUGH, SECONDED by FULLER, to keep open file number 13-0081. Motion APPROVED unanimously.

- ❖ MOVED by MCCULLOUGH, SECONDED by FULLER, to keep open file number 13-0087. Motion APPROVED unanimously.
- ❖ MOVED by MCCULLOUGH, SECONDED by FULLER, to close file number 13-0090. Motion APPROVED unanimously.
- ❖ MOVED by MCCULLOUGH, SECONDED by FULLER, to keep open file number 14-0018. Motion APPROVED unanimously.
- ❖ MOVED by MCCULLOUGH, SECONDED by FULLER, to close file number 14-0023. Motion APPROVED unanimously.
- ❖ MOVED by MCCULLOUGH, SECONDED by FULLER, to close file number 13-0035.
 - Motion APPROVED unanimously.
- ❖ MOVED by MCCULLOUGH, SECONDED by FULLER, to keep open file number 14-0054. Motion APPROVED unanimously.
- ❖ MOVED by MCCULLOUGH, SECONDED by FULLER, to keep open file number 14-0057.
 - Motion APPROVED unanimously.
- ❖ MOVED by MCCULLOUGH, SECONDED by FULLER, to close file number 14-0058.
 - Motion APPROVED unanimously.
- ❖ MOVED by MCCULLOUGH, SECONDED by FULLER, to keep open file number 14-0060. Motion APPROVED unanimously.
- ❖ MOVED by MCCULLOUGH, SECONDED by FULLER, to close file number 14-0075.
 - Motion APPROVED unanimously.
- ❖ MOVED by MCCULLOUGH, SECONDED by FULLER, to close file number 14-0088.
 - Motion APPROVED unanimously.
- ❖ MOVED by MCCULLOUGH, SECONDED by FULLER, to close file number 14-0090.
 - Motion APPROVED unanimously.
- ❖ MOVED by MCCULLOUGH, SECONDED by FULLER, to keep open file number 14-0097. Motion APPROVED unanimously.
- ❖ MOVED by MCCULLOUGH, SECONDED by FULLER, to close file number 14-0098. Motion APPROVED unanimously.
- ❖ MOVED by MCCULLOUGH, SECONDED by FULLER, to keep open file number 12-128. Motion APPROVED unanimously.

- ❖ MOVED by ELMITT, SECONDED by JENEARY, to keep open file number 13-028.
Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0021.
Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0022.
Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to keep open file number 14-0028.
Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0029.
Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0031.
Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0032.
Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0033.
Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0034.
Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to keep open file number 14-0036.
Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0037.
Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0038.
Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to keep open file number 13-0039.
Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0050.
Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0051.
Motion APPROVED unanimously.

- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0052.
Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0053.
Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to keep open file number 14-0055.
Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0056.
Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0059.
Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to keep open file number 14-0061.
Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0062.
Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0064.
Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0066.
Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0067.
Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0069.
Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0071.
Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0072.
Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0073.
Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0074.
Motion APPROVED unanimously.

- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0076. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to keep open file number 14-0079. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to keep open file number 14-0081. Motion APPROVED unanimously. Mary Kelly recused.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0082. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0083. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0084. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to keep open file number 14-0087. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0089. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to keep open file number 14-0047. Motion APPROVED unanimously.
- ❖ MOVED by KELLY, SECONDED by SLACH, to close file number 13-0073. Motion APPROVED unanimously.
- ❖ MOVED by KELLY, SECONDED by SLACH, to keep open file number 14-0040. Motion APPROVED unanimously.
- ❖ MOVED by KELLY, SECONDED by SLACH, to keep open file number 14-0041. Motion APPROVED unanimously.
- ❖ MOVED by KELLY, SECONDED by SLACH, to keep open file number 14-0049. Motion APPROVED unanimously.
- ❖ MOVED by KELLY SECONDED by SLACH, to close file number 14-0063. Motion APPROVED unanimously.
- ❖ MOVED by KELLY SECONDED by SLACH, to close file number 14-0091. Motion APPROVED unanimously.

- ❖ MOVED by KELLY SECONDED by SLACH, to close file number 14-0092. Motion APPROVED unanimously.
- ❖ MOVED by KELLY SECONDED by SLACH, to close file number 14-0093. Motion APPROVED unanimously.
- ❖ MOVED by KELLY SECONDED by SLACH, to close file number 14-0099. Motion APPROVED unanimously.
- ❖ MOVED by JENEARY, SECONDED by ELMITT, to close file number 14-0026. Motion APPROVED unanimously.
- ❖ MOVED by JENEARY, SECONDED by ELMITT, to close file number 14-0078. Motion APPROVED unanimously.
- ❖ MOVED by JENEARY, SECONDED by ELMITT, to keep open file number 14-0100. Motion APPROVED unanimously.

5. *Licensure/Registration Issues*

- ❖ MOVED by VARGAS, SECONDED by FULLER, to approve the issuance of a dental license to Ames C. Cross, D.D.S., and to close file number 14-0094. Motion APPROVED unanimously.
- ❖ MOVED by VARGAS, SECONDED by FULLER, to approve the issuance of a dental license to Thao Kieu, D.D.S., and to close file number 14-0095. Motion APPROVED unanimously.
- ❖ MOVED by VARGAS, SECONDED by FULLER, to approve the issuance of a dental license to Michael Mehloff, D.D.S., and to close file number 14-0096. Motion APPROVED unanimously.
- ❖ MOVED by VARGAS, SECONDED by FULLER, to approve the issuance of a dental license to Joseph Engel, D.D.S., and to close file number 14-0101. Motion APPROVED unanimously.

XVII. ADJOURN

- The Board took a recess at 4:45 p.m. on July 31, 2014.
- The Board reconvened in open session at 8:35 a.m. on August 1, 2014.

The hearing in the Matter of Cynthia D. Adams, R.D.A. was continued. It was reported that Ms. Adams asked that the hearing be rescheduled to a Friday since she is not scheduled to work on Fridays.

The Board scheduled the 2015 meeting dates as follows:

- January 22-23, 2015
 - April 23-24, 2015
 - May 14, 2015 (teleconference)
 - July 23-24, 2015
 - October 22-23, 2015
- ❖ MOVED by JENEARY, SECONDED by VARGAS to approve the 2015 dates as proposed. Motion APPROVED unanimously.
- ❖ MOVED by FULLER, SECONDED by KELLY, to approve the proposed Reinstatement Order in the Matter of Masih Safabakhsh, D.D.S., file number 10-059. Motion APPROVED unanimously.
- ❖ MOVED by FULLER, SECONDED by VARGAS to adjourn the meeting. Motion APPROVED unanimously.

The meeting was adjourned at 8:46 a.m. on August 1, 2014.

NEXT MEETING OF THE BOARD

The next meeting of the Board is scheduled for October 16-17, 2014, in Des Moines, Iowa.

These minutes are respectfully submitted by Christel Braness, Program Planner 2, Iowa Dental Board.



STATE OF IOWA

IOWA DENTAL BOARD

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

PHIL MCCOLLUM
INTERIM DIRECTOR

IOWA DENTAL BOARD

MINUTES

September 11, 2014
Conference Room
400 S.W. 8th St., Suite D
Des Moines, Iowa

Board Members

Steven Bradley, D.D.S.,
Steven C. Fuller, D.D.S.
Matthew J. McCullough, D.D.S.
Thomas M. Jeneary, D.D.S.
Kaaren G. Vargas, D.D.S.
Mary C. Kelly, R.D.H.
Nancy A. Slach, R.D.H.
Diane Meier, Public Member
Lori Elmitt, Public Member

September 11, 2014

Present
Present
Present
Present
Present
Present
Present
Absent
Present

Staff Members

Phil McCollum, Christel Braness

Attorney General's Office

Sara Scott, Assistant Attorney General

I. CALL TO ORDER FOR SEPTEMBER 11, 2014

Dr. Bradley called the open session meeting of the Iowa Dental Board to order at 12:02 p.m. on Thursday, September 11, 2014. The meeting was held by electronic means in compliance with Iowa Code section 21.8. The purpose of the meeting was to take action on Notices of Intended Action, and review a request related to requirements for an application for Iowa dental license. It was impractical to meet in person with such a short agenda and on such short notice. A quorum was established with seven members present.

Roll Call:

<u>Member</u>	<u>Bradley</u>	<u>Elmitt</u>	<u>Fuller</u>	<u>Jeneary</u>	<u>Kelly</u>	<u>McCullough</u>	<u>Meier</u>	<u>Slach</u>	<u>Vargas</u>
Present	x	x	x	x	x	x			x
Absent							x	x	

II. 1st OPPORTUNITY FOR PUBLIC COMMENT

Dr. Bradley allowed the opportunity for public comment.

No comments were received.

III. ADMINISTRATIVE RULES

- Notice of Intended Action - Iowa Administrative Code 650—Chapter 29, “*Sedation and Nitrous Oxide Inhalation Analgesia*”

Mr. McCollum reported that this is the same notice that was approved by the Board at its July 2014 meeting. Mr. McCollum stated that the date of the public hearing date would be changed due to a delayed response from the Governor’s office in reviewing the Notice of Intended Action. If the Notice of Intended Action is published on October 1, 2014, the earliest date on which a public hearing could be held is October 21, 2014.

It was not necessary for the Board to take action on this item. The item was included so as to update the Board on the status.

- Notice of Intended Action – Proposed Amendments, Chapter 52 (new chapter), “*Military Service and Veteran Reciprocity*”

Mr. McCollum provided an overview of this proposed Notice of Intended Action. The draft of the Notice of Intended Action was drafted using language provided by the Governor’s office in conjunction with the Attorney General’s office. The wording has been standardized amongst the licensing boards.

Ms. Scott reported that other licensing boards have already published Notices of Intended Action for their proposed rules. There were only minor changes made to the proposed language by the licensing boards to address concerns specifically related to their licensing requirements.

- ❖ MOVED by BRADLEY, SECONDED by MCCULLOUGH, to APPROVE the Notice of Intended Action as drafted. Motion APPROVED unanimously.

IV. REQUEST FOR BOARD APPROVAL OF DEMONSTRATED ENGLISH PROFICIENCY

- Dr. Amir Habib – Applicant for Iowa Dental License

Ms. Braness provided an overview of this request. Dr. Habib is a foreign-trained dentist, who has made application for an Iowa dental license. Iowa Administrative Code 650—11.4(4) requires foreign-trained dentists to demonstrate proficiency in English to the satisfaction of the Board. Although Dr. Habib was granted a rule waiver by the Board at a previous meeting, the waiver request only applied to the educational requirements for licensure. Dr. Habib is asking the Board

to accept a recommendation from a former program director attesting to his English proficiency in lieu of the TOEFL or TSE examinations.

Several Board members expressed some concern about accepting a recommendation as opposed to standardized examinations, which can objectively verify English proficiency.

- ❖ MOVED by ELMITT, SECONDED by JENEARY, to deny the request, and require successful completion of TOEFL or TSE to satisfactorily demonstrate proficiency in English.

There was further discussion regarding the request prior to a vote being taken. Ms. Braness provided some additional background information concerning Dr. Habib's request. The Board members expressed their preference for an objective measure of competency in English.

The vote was taken.

- ❖ Motion APPROVED unanimously.

V. 2nd OPPORTUNITY FOR PUBLIC COMMENT

Dr. Bradley offered the opportunity for public comment.

No comments were received.

VI. ADJOURN

- Ms. Slach joined the call at 12:15 p.m.
- ❖ MOVED by ELMITT, SECONDED by VARGAS, to adjourn the meeting. Motion APPROVED unanimously.

The meeting was adjourned at 12:15 p.m. on September 11, 2014.

NEXT MEETING OF THE BOARD

The next meeting of the Board is scheduled for October 16-17, 2014, in Des Moines, Iowa.

These minutes are respectfully submitted by Christel Braness, Program Planner 2, Iowa Dental Board.

REPORT TO THE IOWA DENTAL BOARD

FYI

DATE OF MEETING: October 17, 2014
RE: **Actions Taken by the Committee on Applications for Sedation Permits**
SUBMITTED BY: **Anesthesia Credentials Committee**

COMMITTEE ACTIONS TAKEN ON APPLICATIONS

The committee has voted to take action on the applications as indicated below:

- *Justin Nagel, D.D.S. – General Anesthesia Permit*
 - Approved issuance of permit.

- *Kayla Risma, D.D.S. – Moderate Sedation Permit*
 - Approved issuance of permit.

- *Brian Prudent, D.D.S. – Moderate sedation Permit*
 - Approved issuance of permit.

REPORT TO THE IOWA DENTAL BOARD

DATE OF MEETING: October 17, 2014
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

1. **Alpha Orthodontics** – “*Advances in Clinical Dentistry: Implications for the Dental Hygienist*” – Requested 6 hours – APPROVED
2. **Carl Sandburg College – West Central Illinois Healthcare Continuing Education** – “*Healthy Workplace Environments – For Healthcare Workers*” – Instruction from 8:00AM – 5:00PM – DENIED – Communications courses should focus on communication with the patient to receive credit; course appears to focus on intra-staff communication
3. **Cedar Valley Dental Implant Club** – *Untitled (implants)* – Requested 2 hours – APPROVED
4. **Dental Prosthetic Services** – “*2014 Dental Sleep Medicine Symposium: A Collaborative Approach to Managing OSA*” – Requested 7 hours – APPROVED
5. **Eastern Iowa Community College** – “*Use of Fluoride for Caries Prevention*” – Requested 2 hours – APPROVED
6. **James Fili, D.D.S., M.S.** – “*Laser-Assisted New Attachment (LANAP) for Periodontal Regeneration... A Breakthrough in Periodontal Treatment*” – Requested 2 hours – APPROVED
7. **Iowa Dental Assistants Association** – “*HPV*” – Requested 2 hours – APPROVED
8. **IDPH** – “*Iowa School-based Dental Sealant Contractor’s Meeting*” – Requested 4 hours – APPROVED for 2 hours of CE credit
9. **Kiess Kraft Dental Lab** – “*The Next Step to Implant Dentistry is Coming to Omaha*” – Requested 2 hours – APPROVED
10. **Kiess Kraft Dental Lab** – “*Use of Oral Appliance for Snoring and Obstructive Sleep Apnea*” – Requested 2 hours – APPROVED
11. **Kiess Kraft Dental Lab** – “*Clinical Anatomy of the Maxilla Using Cone Beam Computed Tomography and Cadaveric Anatomy*” – Requested 2 hours – APPROVED

12. **Mercy Cedar Rapids** – “2014 Fall Cancer Care Update for Dental Health Professionals” – Requested 2 hours – APPROVED
13. **John Mergen, D.D.S., M.S.** – “Preventive and Interceptive Orthodontic Treatment” – Requested 1 hour – APPROVED
14. **John Mergen, D.D.S., M.S.** – “Patient Cooperation (The True Influence of Treatment)” – Requested 1 hour – APPROVED
15. **John Mergen, D.D.S., M.S.** – “Pros and Cons of Conventional Braces vs. Invisalign” – Requested 1 hour – APPROVED
16. **John Mergen, D.D.S., M.S.** – “Adult Orthodontic Treatment Options” – Requested 1 hour – APPROVED
17. **John Mergen, D.D.S., M.S.** – “Importance of Referral Timing for Growing Patients” – Requested 1 hour – APPROVED
18. **North Central Iowa Dental District** – “Sleep Apnea” – Requested 3 hours – APPROVED
19. **Sirona Dental System** – “Sirona Galileos Training” – Requested 4 hours – APPROVED
20. **Sarah Bauer, R.D.H.** – “Sugar, Sugar, Sugar” – Requested 3 hours – APPROVED
21. **Universal Therapy Group** – “TMJ Disorder Evaluation and Treatment and Occupational Hazards Related to Dentistry” – APPROVED
22. **Oral Surgeons, P.C.** – “Precision, Productivity & Profitability of Implant Prosthodontics in Private Practice” – Requested 8 hours – APPROVED for 7 hours with a reminder to focus on the clinical aspects of the course
23. **Southeast Iowa District Dental Society** – “Dental Sleep Medicine” – Requested 3 hours – APPROVED

CONTINUING EDUCATION SPONSOR – RECERTIFICATIONS

The CEAC recommended APPROVAL:

1. American Dental Institute
2. CPR & the Works
3. Delta Dental of Iowa
4. Eastern Iowa Community Colleges
5. Ft. Dodge District Dental Society – Dr. Brian Fleshner
6. GSC Home Study Courses
7. Hawkeye Community College
8. MetLife Dental
9. Northeast Iowa Community College
10. Oral Arts Dental Laboratory
11. Oral Surgery Associates of Iowa City
12. Spring Park Dental Implant Study Club

13. University District Dental Society
14. UNMC College of Dentistry Continuing Education
15. Linn County Dental Society

Proposed Motion:

I move that the Board accept the committee's recommendations as indicated above.

Dental Board

	Updated 8.31.12														
	FY11 Estimated Budget	FINAL FY11 Actual as of 9.30.11	FY11 % Spent (Actual/Budget)	FY12 Estimated Budget	FY12 Actual as of 9.30.12	FY12 % Spent (Actual/Budget)	FY13 Estimated Budget Revised 07.18.13	FY13 Actual as of 09.30.13	FY13 % Spent (Actual/Budget)	FY14 Estimated Budget as of 09.30.14	FY14 Actual as of 09.30.14	FY14 % Spent (Actual/Budget)	FY15 Estimated Budget as of 07.31.14	FY15 Actual as of 09.30.14	FY15 % Spent (Actual/Budget)
REVENUES															
Prior FY Carryover of fees	180,568.18	180,568.18	100%	147,910.69	147,910.69	100%	300,644.61	300,644.61	100%	-	-	-	71,000.00	387,383.93	546%
204 Intra-State Transfers	252,599.00	157,119.49	62%	95,520.00	-	0%	-	-	0%	256,722.00	-	0%	-	-	0%
234 Gov Transfer In Other Agencies	-	-	0%	-	-	0%	-	-	0%	39,676.00	-	0%	-	-	N/A
304 Gov Transfer In - Other Agencies	-	-	0%	-	-	0%	95,520.00	55,843.86	58%	-	-	0%	-	-	0%
401 Licensing Fees (new and renewal)(0521.0529.0530)	729,999.82	734,608.87	101%	859,954.31	877,878.40	102%	767,797.39	747,537.35	97%	926,556.00	917,037.37	99%	1,028,141.00	672,956.00	65%
401 \$ & r reimbursement receipts (0512.05070.0507)	-	-	0%	72,500.00	77,262.00	107%	72,500.00	70,244.52	97%	75,000.00	85,043.12	127%	75,000.00	42,096.55	56%
Revenue Total	1,163,167.00	1,072,296.54	92%	1,175,885.00	1,103,051.09	94%	1,236,462.00	1,174,270.34	95%	1,299,954.00	1,300,181.85	100%	1,175,141.00	1,102,295.48	94%
EXPENDITURES															
101 Personnel	653,563.00	651,650.49	100%	594,275.00	582,419.62	98%	626,540.00	614,736.43	98%	663,730.00	619,217.51	93%	654,593.00	155,935.76	24%
202 In-State Travel	10,000.00	8,241.53	82%	9,965.00	9,861.71	100%	10,500.00	10,151.71	97%	9,500.00	4,799.84	51%	10,500.00	975.22	9%
203 State Vehicle Operation	3,000.00	2,171.40	72%	2,500.00	2,323.04	93%	3,000.00	2,754.29	92%	5,000.00	4,054.37	81%	4,500.00	461.77	11%
204 State Vehicle Depreciation	2,160.00	-	0%	-	-	0%	2,160.00	-	0%	4,320.00	216.00	5%	10,000.00	-	0%
205 Out-of-State Travel	4,831.00	1,978.90	0%	4,000.00	3,965.43	99%	6,000.00	3,036.64	0%	6,000.00	2,096.76	0%	6,000.00	-	0%
301 Office Supplies	510.00	448.19	88%	10,500.00	8,300.49	79%	9,500.00	9,322.78	98%	9,500.00	9,170.40	97%	10,000.00	3,250.47	33%
309 Printing and Binding	490.00	(2,558.75)	-522%	9,000.00	8,296.58	92%	13,000.00	12,817.13	99%	12,000.00	9,829.78	82%	10,000.00	3,790.36	38%
313 Postage	500.00	(5,649.55)	-1130%	12,000.00	11,816.00	98%	11,500.00	6,901.04	60%	17,000.00	14,190.29	83%	15,000.00	2,137.67	14%
401 Communications	8,500.00	8,243.60	97%	12,300.00	12,654.29	103%	12,250.00	10,089.45	82%	12,250.00	9,422.26	77%	10,500.00	1,057.99	10%
402 Rentals	50,118.00	43,482.73	87%	44,674.00	44,628.37	100%	50,200.00	49,687.98	99%	51,200.00	50,559.78	99%	50,200.00	8,332.94	17%
405 Professional & Scientific Services	4,900.00	1,808.50	37%	4,100.00	3,382.50	82%	4,000.00	1,932.62	48%	4,000.00	275.00	7%	5,000.00	475.00	10%
406 Outside Services	1,000.00	(1,476.26)	-148%	28,700.00	28,583.09	100%	29,750.00	28,496.00	96%	16,500.00	14,373.16	87%	2,500.00	14.25	1%
407 Intra-State Transfers	100.00	28.12	28%	100.00	13.88	14%	2,500.00	1,512.43	60%	2,600.00	996.36	38%	2,600.00	-	0%
408 Advertising & Publicity	-	-	0%	-	-	0%	-	-	0%	1,000.00	945.06	95%	-	-	N/A
409 Outside Repairs	2,000.00	1,797.35	90%	1,158.00	638.00	55%	1,000.00	-	0%	1,000.00	-	0%	1,000.00	-	0%
411 Attorney General Reimbursement	22,000.00	19,134.61	87%	-	-	0%	-	-	0%	-	-	0%	-	-	0%
412 Auditor of State Reimbursement	2,000.00	1,242.97	62%	-	-	0%	-	-	0%	-	-	0%	-	-	0%
414 Reimbursement to other Agencies	4,000.00	1,838.94	46%	22,190.00	14,752.99	66%	21,000.00	15,615.74	74%	21,000.00	15,687.30	75%	21,000.00	429.90	2%
416 ITD Reimbursements	15,000.00	13,648.76	91%	16,410.00	16,405.12	100%	23,310.00	24,221.14	104%	33,310.00	32,444.45	97%	32,000.00	5,802.24	18%
418 IT Outside Services	-	-	0%	-	-	0%	-	-	0%	3,000.00	580.72	19%	1,000.00	-	0%
432 Gov Transfer Attorney General	-	-	0%	21,000.00	19,139.33	91%	21,600.00	21,541.67	100%	27,000.00	25,186.53	93%	27,000.00	2,083.33	8%
433 Gov Transfer Auditor of State	-	-	0%	2,000.00	490.73	25%	2,000.00	418.27	21%	4,000.00	3,722.17	93%	3,500.00	-	0%
434 Gov Transfer Other Agencies	-	-	0%	900.00	908.89	101%	3,100.00	2,414.63	0%	3,100.00	3,166.25	102%	3,100.00	2,073.00	67%
501 Equipment/Non-inventory	24,000.00	-	0%	19,221.00	-	0%	19,500.00	19,490.60	100%	600.00	-	0%	600.00	-	0%
502 Office Equipment	1,100.00	498.00	45%	2,000.00	918.00	46%	500.00	-	0%	4,500.00	3,179.56	71%	4,500.00	-	0%
503 Equipment/Non-inventory	675.00	884.75	131%	50.00	-	0%	50.00	-	0%	50.00	-	0%	50.00	-	0%
510 IT Equipment	281,414.00	176,939.57	63%	174,666.00	32,516.42	19%	196,446.00	90,394.03	46%	135,000.00	75,180.73	56%	55,000.00	413.50	1%
601 Claims	-	-	0%	-	-	0%	-	-	0%	-	-	0%	-	-	0%
602 Other Expenses & Obligations	96.00	25.00	26%	102,746.00	-	0%	96,056.00	240.27	0%	181,700.00	13,503.64	7%	163,998.00	6,028.15	4%
701 Licenses	-	-	0%	-	-	0%	-	-	0%	-	-	0%	-	-	0%
705 Refund	10.00	10.00	100%	530.00	510.00	96%	-	-	0%	-	-	0%	-	-	0%
Expenditure Total	1,092,167.00	924,385.85	85%	1,094,885.00	802,406.48	73%	1,165,462.00	925,774.83	79%	1,228,954.00	912,797.92	74%	1,104,141.00	193,291.55	18%
RECAP															
Total Revenue	1,163,167.00	1,072,296.54	92%	1,175,885.00	1,103,051.09	94%	1,236,462.00	1,174,270.34	95%	1,299,954.00	1,300,181.85	100%	1,175,141.00	1,102,295.48	94%
Total Expenditures	1,092,167.00	924,385.85	85%	1,094,885.00	802,406.48	73%	1,165,462.00	925,774.83	79%	1,228,954.00	912,797.92	74%	1,104,141.00	193,291.55	18%
Balance	71,000.00	147,910.69		81,000.00	300,644.61		71,000.00	248,495.51		71,000.00	387,383.93		71,000.00	909,003.93	
Approp Close Out &/or Appeal Boards	-	-		-	-		-	-		-	-		-	-	
Estimated Carry Forward to next Fiscal Year	71,000.00	147,910.69		81,000.00	300,644.61		71,000.00	248,495.51		71,000.00	387,383.93		71,000.00	909,003.93	

REPORT TO THE IOWA DENTAL BOARD

FYI ONLY

DATE OF MEETING: October 16, 2014
RE: **Quarterly Report on IPRC Activities**
SUBMITTED BY: Brian Sedars, Health Professions Investigator
ACTION REQUESTED: None.

The Iowa Practitioner Review Committee evaluates, assists, and monitors the recovery, rehabilitation, or maintenance of dentists, hygienists, or assistants who self-report impairments. As necessary, the Committee notifies the Board in the event of noncompliance with contract provisions.

The IPRC is both an advocate for the health of a practitioner and a means to protect the health and safety of the public.

The Board's administrative rules require the Committee to submit a quarterly report to the Board on the activities of the IPRC. Below is the quarterly report.

Iowa Dental Board Iowa Practitioner Review Committee

Current Numbers (as of 10/01/14) 2014
Totals

Self Reports	1
Current Participants	10
Contracts under Review	1
Discharged Participants	1

650—20.3 (153) Scope of practice.

20.3(1) In all instances, a dentist assumes responsibility for determining, on the basis of diagnosis, the specific treatment patients will receive and which aspects of treatment may be delegated to qualified personnel as authorized in these rules.

20.3(2) A licensed dentist may delegate to a dental assistant those procedures for which the dental assistant has received training. This delegation shall be based on the best interests of the patient. The dentist shall exercise supervision and shall be fully responsible for all acts performed by a dental assistant. A dentist may not delegate to a dental assistant any of the following:

- a.* Diagnosis, examination, treatment planning, or prescription, including prescription for drugs and medicaments or authorization for restorative, prosthodontic, orthodontic, or removable appliances.
- b.* Surgical procedures on hard and soft tissues within the oral cavity and any other intraoral procedure that contributes to or results in an irreversible alteration to the oral anatomy.
- c.* Administration of local anesthesia.
- d.* Placement of sealants.
- e.* Removal of any plaque, stain, or hard natural or synthetic material except by toothbrush, floss, or rubber cup coronal polish, or removal of any calculus.
- f.* Dental radiography, unless the assistant is qualified pursuant to 650—Chapter 22.
- g.* Those procedures that require the professional judgment and skill of a dentist.

~~**20.3(3)** A dentist may delegate an expanded function duty to a registered dental assistant if the assistant has completed board approved training pursuant to rule 650—20.16(153) in the specific expanded function that will be delegated. The supervising dentist and registered dental assistant shall be responsible for maintaining in the office of practice documentation of board approved training. In addition to the other duties authorized under this rule, a dentist may delegate any of the following expanded function duties:~~

- ~~*a.* Taking occlusal registrations;~~
- ~~*b.* Placement and removal of gingival retraction;~~
- ~~*c.* Taking final impressions;~~
- ~~*d.* Fabrication and removal of provisional restorations;~~
- ~~*e.* Applying cavity liners and bases, desensitizing agents, and bonding systems;~~
- ~~*f.* Placement and removal of dry socket medication;~~
- ~~*g.* Placement of periodontal dressings;~~
- ~~*h.* Testing pulp vitality; and~~
- ~~*i.* Monitoring of nitrous oxide inhalation analgesia.~~

20.3(4) 20.3(3) A dental assistant may perform duties consistent with these rules under the supervision of a licensed dentist. The specific duties dental assistants may perform are based upon:

- a.* The education of the dental assistant.
- b.* The experience of the dental assistant.

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:
 - Be currently certified by the Dental Assisting National Board, or
 - Have two years of clinical dental assisting experience as a registered dental assistant, or
 - 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.

[ARC 0265C, IAB 8/8/12, effective 9/12/12; ARC 0985C, IAB 9/4/13, effective 10/9/13]

Proposed NEW Chapter

Chapter 23 Expanded Functions for Dental Auxiliaries

650—23.1 (153) Definitions.

“Dental Auxiliaries” as used in this chapter include persons licensed as a dental hygienist or persons registered as a dental assistant in the state of Iowa. Dental assistant trainees are not eligible to perform procedures listed in this chapter.

650—23.2 Expanded Function training required.

23.2(1) Dental auxiliaries shall not perform any procedures listed in this chapter unless the dental auxiliary has successfully met the educational and training requirements of 650—23.6, and is in compliance with the requirements of this chapter.

65---23.3 Supervision requirements.

23.3(1) Dental assistants may only perform expanded function procedures which are delegated by and performed under the direct supervision of a dentist licensed pursuant to Iowa Code chapter 153.

23.3(2) Dental hygienists may only perform expanded function procedures which are delegated by and performed under the direct or general supervision of a dentist licensed pursuant to Iowa Code chapter 153. General supervision shall not preclude the use of direct supervision when in the professional judgment of the dentist such supervision is necessary to meet the individual needs of the patient. All expanded function procedures must be performed under direct supervision except for the following, which may be performed under general supervision:

1. Taking occlusal registrations;
2. Placement and removal of gingival retraction;
3. Applying desensitizing agents;
4. Placement and removal of dry socket medication;
5. Placement of periodontal dressings;
6. Testing pulp vitality;
7. Removal of adhesives (hand instrumentation only);
8. Preliminary charting of existing dental restorations and teeth

650—23.4 (153) Scope of practice.

23.4(1) In all instances, a dentist assumes responsibility for determining, on the basis of diagnosis, the specific treatment patients will receive and which aspects of treatment may be delegated to qualified dental auxiliary personnel as authorized by this chapter.

23.4(2) A licensed dentist may delegate to dental auxiliary only those procedures for which the dental auxiliary has received the required expanded function training pursuant to this chapter. This delegation shall be based on the best interests of the patient. The dentist shall exercise supervision for all procedures and shall be fully responsible for all acts performed by dental auxiliary. A dentist may not delegate to dental auxiliary any of the following:

- a. Diagnosis, examination, treatment planning, or prescription, including prescription for drugs and medicaments or authorization for restorative, prosthodontic, orthodontic, or removable appliances.
- b. Those procedures that require the professional judgment and skill of a dentist.

650—23.5 (153) Expanded function procedures.

23.5(1) Basic Expanded Function Provider. Dental auxiliary who do not wish to become certified as a Level 1 or Level 2 provider may perform select Level 1 expanded function procedures provided that they have met the educational and training requirements for those procedures pursuant to 650—23.6. A dentist may delegate to dental auxiliary only those Level 1 procedures for which the dental auxiliary has received the required expanded function training.

23.5(2) Certified Level 1 Provider. Dental auxiliary must successfully complete training for all Level 1 expanded function procedures before becoming certified as a Level 1 expanded functions provider. A dentist may delegate any of the following Level 1 expanded function procedures to auxiliary certified as a Level 1 expanded functions provider:

1. Taking occlusal registrations;
2. Placement and removal of gingival retraction;
3. Fabrication and removal of provisional restorations;
4. Applying cavity liners and bases, desensitizing agents, and bonding systems;
5. Placement and removal of dry socket medication;
6. Placement of periodontal dressings;
7. Testing pulp vitality;
8. Monitoring of nitrous oxide inhalation analgesia;
9. Taking final impressions;
10. Removal of adhesives (hand instrumentation only);*
11. Preliminary charting of existing dental restorations and teeth

23.5(3) Certified Level 2 Provider. Dental auxiliary must successfully pass a Board-approved entrance exam before beginning training as a Level 2 expanded functions provider. Dental auxiliary must successfully complete training for all Level 2 expanded function procedures before becoming certified as a Level 2 expanded functions provider.

A dentist may delegate any of the Level 2 expanded function duties to an auxiliary certified as a Level 2 expanded functions provider:

1. Placement and shaping of amalgam following preparation of a tooth by a dentist;
2. Placement and shaping of composite following preparation of a tooth by a dentist;
3. Forming and placement of stainless steel crowns;
4. Taking records for the fabrication of dentures and partial dentures;
5. Denture reline (soft reline only, where denture is not relieved or modified);

These procedures refer to both primary and permanent teeth.

* Notwithstanding rules 10.3(1)e and 20.3(2)(e), for the purposes of this chapter, the removal of adhesives by hand instrumentation does not constitute the removal of “hard natural or synthetic material.”

650—23.6 (153) Educational and training requirements.

All expanded function procedure training must be prior-approved by the Board. Expanded function procedure 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, which may include on-the-job training offered by a dentist licensed in Iowa. The supervising dentist and the dental auxiliary shall be responsible for maintaining in each office of practice, documentation of successful completion of the board approved training. 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, all participants must meet at least one of the following before beginning expanded function procedure training:
 - a. Be a graduate of an ADA-accredited dental assistant program; or
 - b. Be currently certified by the Dental Assisting National Board (DANB); or
 - c. Have at least one (1) year of clinical practice as a registered dental assistant; or
 - d. Have at least one year of clinical practice as a dental assistant in a state that does not require registration; or
 - e. Have an active Iowa dental hygiene license.
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.

September 2, 2014

Phil McCollum, Interim Executive Director
Iowa Dental Board
400 SW 8th Street
Des Moines, IA 50309-4687

Via email: phil.mccollum@iowa.gov

Dear Mr. McCollum,

As a follow-up to the discussion that took place at the Iowa Dental Board during the July 31-August 1 meeting, please find enclosed suggestions from the Iowa Dental Hygienists Association (IDHA) for draft rules to implement the work of the Expanded Functions Task Force created by the Dental Board. We believe these suggestions are consistent with the Board's intention that these expanded functions improve access to oral health services, while also recognizing the inherent differences between the education and training levels of dental assistants and dental hygienists.

IDHA is concerned with the newly proposed administrative rule section 23 which would establish expanded functions for dental auxiliaries. By combining two professions with differing levels of education and training under the moniker of "dental auxiliaries", unnecessary limitations (such as requiring direct supervision) are placed on highly trained and educated practitioners, which is inconsistent with the objective of improving access to oral health services. As the Dental Board is aware, the Federal Trade Commission is watching both dental boards and the dental profession in order to stamp out similar restrictions that limit the provision of professional dental services across the country.

As an alternative, IDHA would propose that the Dental Board address this issue in the following way:

1. Withdraw the proposed rule section 23
2. Incorporate the changes to expanded function administrative rules to the dental assisting section of the current administrative rules.
3. Incorporate the attached change to the administrative rules governing dental hygienists, which would allow dental hygienists to perform expanded functions.

After you have had a chance to review these proposed changes, please feel free to contact Tom Cope with IDHA at 515-975-4590 or via email at tomwcope@msn.com.

Thank you for the opportunity to provide input on the Dental Board's rule making process.

Sincerely,

Nadine DeVoss, President
Iowa Dental Hygienists Association
nadine.devossrdh@gmail.com

650—10.3(153) Authorized practice of a dental hygienist.

10.3(1) “Practice of dental hygiene” as defined in Iowa Code section 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 dentist licensed pursuant to Iowa Code chapter 153.

a. Educational. Assessing the need for, planning, implementing, and evaluating oral health education programs for individual patients and community groups; conducting workshops and in-service training sessions on dental health for nurses, school personnel, institutional staff, community groups and other agencies providing consultation and technical assistance for promotional, preventive and educational services.

b. Therapeutic. Identifying and evaluating factors which indicate the need for and performing (1) oral prophylaxis, which includes supragingival and subgingival debridement of plaque, and detection and removal of calculus with instruments or any other devices; (2) periodontal scaling and root planing; (3) removing and polishing hardened excess restorative material; (4) administering local anesthesia with the proper permit; (5) administering nitrous oxide inhalation analgesia in accordance with 650—subrules 29.6(4) and 29.6(5); (6) applying or administering medicaments prescribed by a dentist, including chemotherapeutic agents and medicaments or therapies for the treatment of periodontal disease and caries.

c. Preventive. Applying pit and fissure sealants and other medications or methods for caries and periodontal disease control; organizing and administering fluoride rinse or sealant programs.

d. Diagnostic. Reviewing medical and dental health histories; performing oral inspection; indexing dental and periodontal disease; making occlusal registrations for mounting study casts; testing pulp vitality; analyzing dietary surveys.

e. The following services may only be delegated by a dentist to a dental hygienist: administration of local anesthesia, placement of sealants, and the removal of any plaque, stain, calculus, or hard natural or synthetic material except by toothbrush, floss, or rubber cup coronal polish.

10.3(2) All authorized services provided by a dental hygienist shall be performed under the general, direct, or public health supervision of a dentist currently licensed in the state of Iowa in accordance with 650—1.1(153) and 650—10.5(153).

10.3(3) Under the general or public health supervision of a dentist, a dental hygienist may provide educational services, assessment, screening, or data collection for the preparation of preliminary written records for evaluation by a licensed dentist. A dentist is not required to examine a patient prior to the provision of these dental hygiene services.

10.3(4) The administration of local anesthesia or nitrous oxide inhalation analgesia shall only be provided under the direct supervision of a dentist.

10.3(5) All other authorized services provided by a dental hygienist to a new patient shall be provided under the direct or public health supervision of a dentist. An examination by the dentist must take place during an initial visit by a new patient, except when hygiene services are provided under public health supervision.

10.3(6) Subsequent examination and monitoring of the patient, including definitive diagnosis and treatment planning, is the responsibility of the dentist and shall be carried out in a reasonable period of time in accordance with the professional judgment of the dentist based upon the individual needs of the patient.

10.3(7) General supervision shall not preclude the use of direct supervision when in the professional judgment of the dentist such supervision is necessary to meet the individual needs of the patient.

10.3(8) Expanded dental assistant functions for dental hygienists

A dentist may delegate to a licensed dental hygienist all dental assistant expanded function duties to a licensed dental hygienist that are included in the dental hygienist scope of practice. Additionally, a dentist may delegate the following functions to a dental hygienist:

- 1. Placement and removal of gingival retraction;**
- 2. Fabrication and removal of provisional restorations;**
- 3; Placement and removal of dry socket medication;**
- 3. Placement of periodontal dressings**

4. Taking final impressions;
5. Placement and shaping of amalgam following preparation of a tooth by a dentist;
6. Placement and shaping of composite following preparation of a tooth by a dentist;
7. Forming and placement of stainless steel crowns;
8. Taking records for the fabrication of dentures and partial dentures;
9. Denture reline (soft reline only, where denture is not relieved or modified);

This rule is intended to implement Iowa Code section 153.15.

McCollum, Phil [IDB]

From: McCollum, Phil [IDB]
Sent: Wednesday, September 10, 2014 11:58 AM
To: 'Nadine DeVoss'; tomwcope@msn.com
Cc: Scott, Sara (Sara.Scott@iowa.gov)
Subject: RE: IDHA suggestions re: expanded functions

Thank you for your proposed draft.

My concerns on your proposed wording, apart from needing the first sentence reworded and the duties renumbered, is that it makes no provision for any educational or training requirements, nor does it address any supervision issues, so upon enactment, all hygienists could immediately start performing any and all duties on that list regardless if they have ever been trained on them, or even performed them before. I believe this to be counter to what the Expanded Function Dental Auxiliary Taskforce recommended as well as counter to what the Educational Standards for Expanded Functions Training Cmte recommended to the Board.

I also believe if this wording was used, it is overly broad, and lacks the details required to properly interpret and/or enforce it.

I appreciated the opportunity to meet with Mr. Cope at the Board office to resolve IDHA's concerns with the previous draft wording, which I believe we resolved to everyone's satisfaction, and I was hopeful that the rules would have progressed forward at the last meeting of the Board. I was also very surprised to learn of the new concerns just prior to the meeting, which afforded us no opportunity to resolve them.

It is obvious that your current proposal significantly differs from the direction that we were going, and differs from the concerns expressed prior to the last meeting. Since it appears that there still may be quite a bit of work required in order to accomplish this, one suggestion that we could explore is removing all references to dental hygienists from Chapter 23 and proceeding with the rule changes for dental assistants only. This would allow us ample opportunity to regroup and ensure that all of IDHA's concerns are properly addressed.

If you would like to discuss this further, please feel free to contact me directly.

I will see that your proposed language is forwarded to the Board for consideration at the next meeting of the Board.

10.3(8) Expanded dental assistant functions for dental hygienists

. A dentist may delegate to a licensed dental hygienist all dental assistant expanded function duties to a licensed dental hygienist that are included in the dental hygienist scope of practice. Additionally, a dentist may delegate the following functions to a dental hygienist:

1. Placement and removal of gingival retraction;
2. Fabrication and removal of provisional restorations;
- 3; Placement and removal of dry socket medication;
3. Placement of periodontal dressings

-
4. Taking final impressions;
 5. Placement and shaping of amalgam following preparation of a tooth by a dentist;
 6. Placement and shaping of composite following preparation of a tooth by a dentist;
 7. Forming and placement of stainless steel crowns;
 8. Taking records for the fabrication of dentures and partial dentures;
 9. Denture reline (soft reline only, where denture is not relieved or modified);

This rule is intended to implement Iowa Code section 153.15.

Phil McCollum
Interim Director
Iowa Dental Board
515-281-5157
visit us on the web <http://www.dentalboard.iowa.gov/>

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From: Nadine DeVoss [<mailto:nadine.devossrdh@gmail.com>]
Sent: Tuesday, September 02, 2014 12:33 PM
To: McCollum, Phil [IDB]; tomwcope@msn.com
Subject: IDHA suggestions re: expanded functions

Dear Mr. McCollum,

Attached is a letter from IDHA regarding the proposed administrative rules changes for expanded functions of dental assistants and hygienists. Also attached is our proposed amendment adding expanded functions to Rule section 10.3.

--

Nadine DeVoss, RDH, BS

President

Iowa Dental Hygienists' Association

From: McCollum, Phil [IDB]

Sent: Tuesday, April 08, 2014 9:52 AM

To: 'Kathryn Gisleson'; 'Hillis, Jan'; 'Dewall, Cindy'; 'Shaunda Clark'; 'Brown, Lori M.'

Subject: Dental Hygiene curriculum

Importance: High

As most of you are aware, the Board is considering rules that could expand the current scope of practice for dental hygienists.

In an effort to provide the Board with accurate and up to date information, could you please respond and indicate which functions listed below, are part of your current DH curriculum, to the extent that you believe all graduates would be able to perform them.

Thank you. If you could respond by Thursday morning it would be appreciated. Sorry for the short notice.

taking occlusal registrations
applying cavity liners and bases, desensitizing agents, and bonding systems
placement of periodontal dressings
testing pulp vitality

Phil McCollum

Interim Director

Iowa Dental Board

515-281-5157

visit us on the web <http://www.dentalboard.iowa.gov/>

From: Shaunda Clark [<mailto:Shaunda.Clark@kirkwood.edu>]

Sent: Tuesday, April 08, 2014 10:01 AM

To: McCollum, Phil [IDB]

Subject: RE: Dental Hygiene curriculum

taking occlusal registrations-learn some content in classroom but do not learn to do the skill

applying cavity liners and bases, desensitizing agents, and bonding systems- learn about them in dental materials coursework....but do not place them other than...placing fluoride varnish as a desensitizing agent

placement of periodontal dressings-learn about them but do not learn to place them

testing pulp vitality- do not have content on this topic

Shaunda L. Clark, CDA, RDH, MEd
Program Director Dental Hygiene Program
Kirkwood Community College
6301 Kirkwood Blvd SW
2164 M Linn Hall
Cedar Rapids, IA 52406
319-398-5514
shaunda.clark@kirkwood.edu

From: Piper, Renee [<mailto:Piper@iowacentral.edu>]
Sent: Thursday, April 17, 2014 12:25 PM
To: McCollum, Phil [IDB]
Subject: RE: Dental Hygiene curriculum

taking occlusal registrations- to clinical
applying cavity liners and bases, desensitizing agents, and bonding systems – laboratory
placement of periodontal dressings-clinical
testing pulp vitality-labratory

SMILES MEAN THE SAME IN EVERY CULTURE (AUTHOR UNKNOWN)

Renee Piper, RDH, MA
Coordinator Dental Hygiene
Iowa Central Community College
One Triton Circle
Fort Dodge, Iowa 50501
515-574-1335

From: Brown, Lori M. [<mailto:lmbrown@dmacc.edu>]
Sent: Wednesday, April 09, 2014 7:43 AM
To: McCollum, Phil [IDB]
Subject: RE: Dental Hygiene curriculum

We teach these functions here at DMAACC, but not necessarily to Clinical competency, which means that they are performed on a patient. These functions are included in their reading assignments and lecture courses, but the students do these activities in Lab and/or at their off-site rotation.

*Lori Brown, RDH, MEd
Des Moines Area Community College
2006 S. Ankeny Blvd; Building 9
Ankeny, IA 50023
515-964-6309*

From: McCollum, Phil [IDB] [<mailto:Phil.Mccollum@iowa.gov>]
Sent: Wednesday, April 09, 2014 7:49 AM
To: Brown, Lori M.
Subject: RE: Dental Hygiene curriculum

Just so I'm clear, you teach ALL of them, but none of them to clinical competence, where you would feel comfortable certifying that the DH could provide these procedures directly on patients right out of school....

So none of the procedures are performed on patients in your clinic, correct.

Just making sure I understand so I don't misrepresent....

Hi Phil, that is correct. We teach the students these procedures, but we do not perform them in our Clinic on patients, other than applying desensitizing agents. The students do take occlusal registrations on each other in Lab, and do learn to use the vitality tester in Lab. Periodontal dressings are demonstrated; bonding systems are studied, but we do not have any occasion to actually have students apply cavity liners and bases in the hygiene clinic. I don't believe our program would certify that function right out of school.

*Lori Brown, RDH, MSED
Des Moines Area Community College
2006 S. Ankeny Blvd; Building 9
Ankeny, IA 50023
515-964-6309*

From: Kathryn Gisleson [<mailto:kathryn.gisleson@hawkeyecollege.edu>]
Sent: Wednesday, April 09, 2014 12:14 PM
To: McCollum, Phil [IDB]
Subject: RE: Dental Hygiene curriculum

Hi, Phil!

I have discussed this with the other faculty and we have come to agreement that we discuss these topics in class, but do not teach them to clinical competency. Desensitizing agents and testing pulp vitality could easily be incorporated further into our curriculum to achieve clinical competency. As far as the students that have already graduated, they would probably need further instruction on these topics to be considered competent.

Hope that helps!

Katie

taking occlusal registrations – We take wax bites
applying cavity liners and bases – lecture only, we do not teach this to clinical competence

desensitizing agents – yes, fluoride

and bonding systems we teach glass ionomer sealants
placement of periodontal dressings- yes, on peers only
testing pulp vitality- yes, on peers only

From: Hillis, Jan [mailto:jhillis@iwcc.edu]

Sent: Tuesday, April 08, 2014 1:00 PM

To: McCollum, Phil [IDB]

Subject: FW: Dental Hygiene curriculum

Importance: High

Hello Phil,

Here are Dorothy's answers to your question.

If more information is needed, she can be reached at 712-388-6808.

Thank you.

taking occlusal registrations – We take wax bites
applying cavity liners and bases – lecture only, we do not teach this to clinical
competence
desensitizing agents – yes, fluoride
and bonding systems we teach glass ionomer sealants
placement of periodontal dressings- yes, on peers only
testing pulp vitality- yes, on peers only

Jan Hillis, RDH, MA

Professor and Program Chair, Dental Hygiene

Iowa Western Community College

(712) 325-3738

1-800-432-5852 x 3738

Expanded Function Dental Auxiliary Taskforce
Report to Iowa Dental Board
July 18, 2013

Background

In 2012, the Iowa Dental Association leadership proposed that the Iowa Dental Board consider increasing the number of expanded functions that appropriately trained and certified dental auxiliaries are allowed to perform. Specifically, they requested that the following procedures be considered:

1. Forming, placing, or shaping amalgam and composite materials following the preparation of a tooth by a dentist
2. Forming and placement of stainless steel crowns
3. Taking final impressions
4. Taking records for the fabrication of dentures and partial dentures
5. Cementation of final restorations along with removal of adhesives

The Iowa Dental Board appointed a task force (EFDA Task Force) to consider this recommendation and to make recommendations to the Board. Task force members included:

Michael Kanellis, DDS – Chair
Steve Bradley, DDS
Eileen Cacioppo, RDH
Lori Elmitt
Mary Kelly, RDH
Mary Mariani, DDS
George North, DDS
Jane Slach, RDA

The EFDA task force met in Iowa City on five separate occasions to discuss the merits and logistics of creating a new level of expanded function auxiliary. Meeting dates for the task force were: 11/16/12, 1/4/13, 2/8/13, 4/5/13, 6/28/13.

Discussions among EFDA Taskforce members was broad-based and included conversations on the following topics:

1. Potential merits of increasing the number of expanded functions that dental auxiliaries can perform.
2. Background of EFDA's in Iowa (Historical perspective by Dr. North)
3. Quality of care provided by EFDA's
4. Procedures considered for inclusion

5. Would Iowa dentists utilize restorative expanded function dental auxiliaries?
6. What other states are doing
7. Mechanism for training and competency-based evaluation/certification

Members of the EFDA Taskforce requested a survey of Iowa Dentists to find out how many dentists might utilize Expanded Function Dental Auxiliaries to perform additional procedures. To obtain this information, several questions were added to Dr. Peter Damiano’s “Medicaid Survey of Iowa Dentists”, conducted as part of the Dental Safety Net in Iowa Project (DSNI). Detailed information about the DSNI Project can be found at: <http://ppc.uiowa.edu/health/study/dental-safety-net-iowa-dsni-project>.

The “Medicaid Survey of Iowa Dentists” was mailed to all private practice dentists in Iowa, including specialists. Dentists from the University of Iowa College of Dentistry were not surveyed. A brief statement describing EFDA’s was included in the survey, as follows:

The Iowa Dental Board has convened a task force to look at the possibility of increasing the number of procedures that EFDAs (Dental Assistants and Dental Hygienists) can perform under the supervision of a dentist. Auxiliaries would be required to receive additional education and demonstrate competency in order to provide each procedure. The following questions are intended to explore Iowa dentists’ attitudes about additional expanded functions.

The survey response rate was 58% (n=776/1389).

The first EFDA related question included in the survey was intended to determine how many dentists in Iowa were utilizing EFDAs to provide currently allowed expanded functions. 55% of respondents indicated they were utilizing an EFDA to provide at least one of the currently allowed expanded functions. Responses broken down by specific functions follows:

Do you ever delegate these duties to an EFDA in your practice?	
Remove temporary crowns	42%
Take final impressions	22%
Fabricate temporary crowns	44%
Apply cavity liners, bonding systems, etc.	18%
Test pulp vitality	15%
Take occlusal registrations	42%
Place/remove gingival retraction	26%

The second EFDA related question was intended to determine how many dentists would consider utilizing an EFDA to provide the additional recommended procedures. 68% of respondents indicated

they would consider utilizing an EFDA to provide at least one of the proposed additional expanded functions. Responses broken down by specific functions follows:

If the practice act was changed, would you consider using an EFDA to provide the following services?	
Remove cement following permanent cementation of crowns/bridges	61%
Place/shape amalgam restorations following tooth prep by a dentist	21%
Place/shape composite restorations following tooth prep by a dentist	17%
Fit/cement stainless steel crowns on primary teeth	31%
Take final impressions/records for dentures	32%
Cement final restorations	21%

The final EFDA related question on the survey was intended to determine if dentists would be willing to cover the costs to send one of their auxiliaries to a course where they could become certified to provide additional EFDA procedures. 43% indicated they would either moderately or extremely consider covering this cost:

How seriously would you consider covering the costs to send one of your own auxiliaries to a course where they could become certified to provide the services listed in the previous question?	
Not at all	38%
Slightly	19%
Moderately	22%
Extremely	21%

Task Force members were charged with investigating and reporting on restorative expanded functions allowed in other states. States were selected based on data from the Dental Assisting National Board (DANB) website: <http://www.danb.org> The DANB website has a comprehensive list on a state by state basis describing titles for dental assistants who are allowed to provide expanded functions, and many different groupings of what expanded functions are allowed. Examples of states that allow EFDA's to place and contour amalgam and composites and to place stainless steel crowns includes Kentucky, Maine, Massachusetts, Michigan, Minnesota, Missouri, Ohio, Pennsylvania, Virginia and Washington.

At the final meeting of the EFDA task force, a list of consensus statements was agreed upon that guide the task force's final recommendations to the Iowa Dental Board:

Consensus Statements Regarding Expanded Function Dental Auxiliaries

Members of the Expanded Function Dental Auxiliary Task Force appointed by the Iowa Dental Board are in agreement with the following statements related to Expanded Function Dental Auxiliaries. These background consensus statements are presented in support of the Task Force's final recommendations to the Board.

1. The EFDA Task Force is confident that the recommended additional expanded functions can be performed by appropriately trained dental auxiliaries under the direct supervision of a dentist.
2. The EFDA Task Force believes that if the recommended additional expanded functions are approved, a significant number of Iowa Dentists will be willing to employ auxiliaries who have received the appropriate training to provide these procedures.
3. The EFDA Task Force believes that employing EFDAs will improve the efficiency and increase the capacity of dental practices to treat patients, and as a result, more patients in Iowa will be able to access dental care.
4. The EFDA Task Force believes that increasing the number of expanded functions dental auxiliaries can perform will provide career advancement opportunities for dental auxiliaries in Iowa.
5. The EFDA Task Force believes that a training program for EFDAs can be established at no additional cost to the State of Iowa.

List of Recommended Procedures

Following review of the IDA recommendations, and consideration of multiple other procedures, members of the Expanded Function Dental Auxiliary Task Force recommend the following procedures be added to what appropriately trained and certified EFDA's can perform in Iowa. These procedures refer to both primary and permanent teeth.

1. Removal of adhesives (hand instrumentation only)
2. Placement and shaping of amalgam following preparation of a tooth by a dentist
3. Placement and shaping of composite following preparation of a tooth by a dentist
4. Forming and placement of stainless steel crowns
5. Taking final impressions and records for the fabrication of dentures and partial dentures ("records" component is a new function)
6. Denture tissue conditioning reline (soft reline only, where denture is not relieved or modified)
7. Preliminary charting of existing dental restorations and teeth

Additional Recommendation

Considerable discussion took place among EFDA Task Force members related to including procedures that could be done by hygienists in nursing home settings. These additional procedures were not included in the list of final recommendations because some of them were not reversible, and most/all of them would be performed under indirect supervision. However, due to the opportunities presented through these discussions, the EFDA Task Force makes the following recommendation to the Iowa Dental Board:

1. The Iowa Dental Board is encouraged to appoint a separate task force to look at “best practices in oral health care delivery in nursing homes” in Iowa.

If the Iowa Dental Board decides to move forward with the recommendations of the EFDA Task Force, the following “next steps” are recommended:

Next Steps

1. Approval by the Iowa Dental Board to proceed
2. The Iowa Dental Board should charge the College of Dentistry with proposing a final curriculum for the additional EFDA procedures
3. The University of Iowa College of Dentistry would assign faculty to create/finalize a curriculum for training (estimate 6 months to have curriculum finalized)
4. EFDA task force, working with the Dental Board and the College of Dentistry would propose a method for competency-based assessment and certification
5. Final approval by Iowa Dental Board and Implementation of training
6. Announcement in IDA Journal

Respectfully submitted on behalf of the EFDA Task Force,

Michael Kanellis, DDS, MS
Chair, Expanded Function Task Force
7/23/13

650—27.11 (153,272C) Record keeping. Dentists shall maintain patient records in a manner consistent with the protection of the welfare of the patient. Records shall be permanent, timely, accurate, legible, and easily understandable.

27.11(1) Dental records. Dentists shall maintain dental records for each patient. The records shall contain all of the following:

a. Personal data.

(1) Name, date of birth, address and, if a minor, name of parent or guardian.

(2) Name and telephone number of person to contact in case of emergency.

b. Dental and medical history. Dental records shall include information from the patient

or the patient's parent or guardian regarding the patient's dental and medical history. The information shall include sufficient data to support the recommended treatment plan.

c. Patient's reason for visit. When a patient presents with a chief complaint, dental records shall include the patient's stated oral health care reasons for visiting the dentist.

d. Clinical examination progress notes. Dental records shall include chronological dates and descriptions of the following:

(1) Clinical examination findings, tests conducted, and a summary of all pertinent diagnoses;

(2) Plan of intended treatment and treatment sequence;

(3) Services rendered and any treatment complications;

(4) All radiographs, study models, and periodontal charting, if applicable;

(5) Name, quantity, and strength of all drugs dispensed, administered, or prescribed; and

(6) Name of dentist, dental hygienist, or any other auxiliary, who performs any treatment or service or who may have contact with a patient regarding the patient's dental health.

e. Informed consent. Dental records shall include, at a minimum, documentation of informed consent that includes discussion of procedure(s), treatment options, potential complications and known risks, and patient's consent to proceed with treatment.

27.11(2) Retention of records. A dentist shall maintain a patient's dental record for a minimum of six years after the date of last examination, prescription, or treatment. Records for minors shall be maintained for a minimum of either (a) one year after the patient reaches the age of majority (18), or (b) six years, whichever is longer. Study models and casts shall be maintained for six years following the date that treatment is completed. Proper safeguards shall be maintained to ensure safety of records from destructive elements.

27.11(3) Electronic record keeping. The requirements of this rule apply to electronic records as well as to records kept by any other means. When electronic records are kept, a dentist shall keep either a duplicate hard copy record or use an unalterable electronic record.

27.11(4) Correction of records. Notations shall be legible, written in ink, and contain no erasures or white-outs. If incorrect information is placed in the record, it must be crossed out with a single nondeleting line and be initialed by a dental health care worker.

27.11(5) Confidentiality and transfer of records. Dentists shall preserve the confidentiality of patient records in a manner consistent with the protection of the welfare of the patient. Upon request of the patient or patient's legal guardian, the dentist shall furnish the dental records or copies or summaries of the records, including dental radiographs or copies of the radiographs that are of diagnostic quality, as will be beneficial for the future treatment of that patient. The dentist may charge a nominal fee for duplication of records, but may not refuse to transfer records for nonpayment of any fees.

From: Paul Smith <prs.spoms@hotmail.com>
Sent: Wednesday, July 30, 2014 11:42 PM
To: Iowa Dental Board [IDB]
Subject: Corporate Practice Itinerant Surgeons

Dr. Bradley, Board Members,

We spoke about the concern of the Iowa Society of OMS regarding the use of itinerant oral surgeons by corporate dental practices. We spoke together with Larry Carl in Coralville at the state dental meeting regarding this issue and it appears the Board has similar concerns.

I apologize that I won't be able to make it to this Board session Thursday and Friday, but hope to attend the October meeting if further discussion is planned. The itinerant surgeon issue was a topic of conversation at the recent AAOMS State Society Leadership Conference. I was also able to chat with the AAOMS General Counsel and Associate Executive Director for Governmental Affairs.

Generally the position of our national organization is that itinerant practice is discouraged, though doesn't technically violate any laws. It can benefit more remote areas where there is no access otherwise to surgical care. The primary concerns we have are:

*Safety of care-these facilities should share the same standard of care for medical gases, emergency drugs and equipment, trained staff, and anesthesia drug custody that we are held to. They should have office anesthesia evaluations as our society membership follows from national standards.

*Continuity of care-although not quantified to this point, there are reports from membership that post-surgical problems past the expertise of a general provider in a corporate practice are left to local OMSs that had no knowledge of care rendered to that point. This is not fair to the patient or to the provider.

Thankfully, I understand that there have been no catastrophic events related to this trend. It is concerning that if this method of practice

increases without the same oversight we are obligated to, that risk for adverse events could be greater.

Thank you for your consideration. Our organization is willing to support any further discussion of this matter by the IDA and Iowa Dental Board.

Thank you,

Paul

Paul R. Smith, DDS
President, Iowa Society of Oral and Maxillofacial Surgeons
Spring Park Oral and Maxillofacial Surgeons
5345 Spring Street
Davenport, IA 52807
563-359-1601

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LEONARD C. BREDI, III, D.D.S.
PATRICIA H. CASSIDY, R.D.H.
CLAUDIA A. CAVALLINO, D.D.S.
WILTON A. GUILLORY, JR., D.D.S.
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EXECUTIVE DIRECTOR

September 22, 2014

American Board of Dental Examiners, Inc.
Patrick Braatz, Executive Director
P.O. Box 8733
Portland OR 97207-8733

Re: Examination results

Dear Mr. Braatz:

It has come to the attention of the Louisiana State Board of Dentistry that there is an issue with verifying the number of times that an applicant has failed clinical licensing examinations. Most states have a rule that provides that any applicant who fails a clinical examination a certain number of times is either ineligible for licensure or must take remediation prior to licensure. In Louisiana, an applicant who fails any clinical examination three times is not eligible for a license. The difficulty comes in verifying an applicant's attestation that he or she has not failed any clinical examination a total of more than two times.

For example, an applicant could fail CITA once, then fail CRDTS twice, then take CITA a second time and pass it. That applicant would not be eligible for licensure in Louisiana due the three failures prior to the successful second CITA attempt. However, unless the applicant is honest in revealing the two CRDTS failures, the board would not be made aware of the two CRDTS failures. CITA would notify the board of the one CITA failure, but unless the board were to contact every testing agency for every applicant, there would be no way to catch applicants who fail to disclose failures from testing agencies other than the testing agency which eventually passed the applicant.

The Louisiana State Board of Dentistry urges all of the other state boards to push for a clearinghouse to which all testing agencies would report results. This could be done through ADEX, the AADB, or through some other agency. In the absence of such a clearinghouse to which all testing agencies report, ADEX is requested to provide a clearinghouse of its own by

which the results of the ADEX test can be learned, regardless of which testing agency has administered the test.

Should you have any questions regarding this correspondence, please contact me at the board office.

Yours truly,

A handwritten signature in cursive script, appearing to read "Arthur F. Hickham, Jr.", written in dark ink.

Arthur F. Hickham, Jr.
Executive Director

Cc: American Association of Dental Boards
state boards of dentistry

Braness, Christel [IDB]

From: Sedars, Brian [IDB]
Sent: Wednesday, October 01, 2014 1:03 PM
To: Braness, Christel [IDB]; McCollum, Phil [IDB]
Subject: FW: Department of Corrections
Attachments: IDB letter.docx; HSP-1001 Dental Services Overview.doc

Christel, this needs to go on the open session agenda, Thanks!

Brian J. Sedars
Investigator
Iowa Dental Board
515-725-0307
visit us on the web <http://www.dentalboard.iowa.gov/>

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From: McCarl, Becky [DOC]
Sent: Wednesday, October 01, 2014 12:12 PM
To: Sedars, Brian [IDB]
Cc: Freidhof, Kerri [DOC]; Deol, Harbans [DOC]
Subject: Department of Corrections

Good afternoon Brian,

I am sorry about the delay of getting you the information.

I am not sure who I am addressing...maybe the dental hygiene committee?? I have attached my letter of request, as well as a link for our written policy regarding dental treatment for offenders. The link to the Iowa Department of Corrections daily statistics which clearly shows the amount of offenders/patients we are responsible for providing dental treatment to is below:

<http://www.doc.state.ia.us/DailyStats.asp>

This letter and the request within it has been approved by my supervisors as well, Kerri Freidhof-Nursing Services Director and Dr. Harbans Deol-Iowa Department of Corrections Medical Director.

Please feel free to contact me with any questions regarding what I am asking for and have a great day!

Again thanks for all your help.

Becky McCarl
Dental Hygienist
Iowa Correctional Institution for Women
515-725-5250



Iowa Department of Corrections
Iowa Correctional Institution for Women
Dental Department, Becky McCarl Dental Hygienist
420 Mill Street Southwest
Mitchellville Iowa 50169

Iowa Dental Board
Attention: Iowa Dental Board President
Attention: Dental Hygiene Committee
400 Southwest 8th Street Suite D
Des Moines Iowa 50309

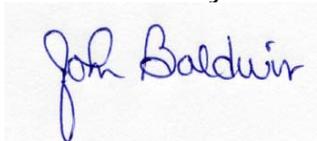
To Whom It May Concern:

I am writing on behalf of the Iowa Department of Corrections. I am a licensed dental hygienist with over five years of experience in dental hygiene and four years of experience as a dental assistant prior to that. The Iowa Department of Corrections has a total of nine institutions with a total of 8,120 offenders as of 9/30/14 (this total changes daily due to intake and release of offenders). Offenders often times change institutions for health reasons, program needs, classification status, etc... Each institution has a dental department consisting of a dentist and dental assistant. Two of the institutions have a full time dental hygienist and one has a part time dental hygienist. Each offender, no matter their length of stay, has a legal right to dental care. The Iowa Department of Corrections responsibility to each offender consists of:

- Intake screening/exam with appropriate radiographs upon initial incarceration
- Routine screening/exam every two years following intake screening/exam
- Respond to daily requests to be seen by offenders experiencing what they feel as an emergency
- Treatment plan/suggestions prioritized according to Iowa Department of Corrections policy
 1. Priority I-evaluate and treat as quickly as possible, including offenders in pain, with facial swelling, trauma, serious pathological conditions, and profuse bleeding
 2. Priority II-to be scheduled as soon as possible, including gross caries, initial periodontal therapies, full mouth debridement, endodontics, reline/repair of removable prosthetics.
 3. Priority III-to be scheduled after all priority II needs are met, including small carious lesions, dental prophylaxis.
 4. Dentures/partial dentures-prioritized based on medical need

At this time our dental hygienists are currently supervised under general supervision. This limits the amount of hygiene therapies the hygienist can provide in this environment without the offender having a current exam from a dentist. It is not realistic for the dentist to provide treatment to the amount of offenders needing priority I and II dental treatment and have current exams completed so the dental hygienist can provide routine therapies. Please consider adding dental hygienists employed by the Iowa Department of Corrections to be supervised under public health supervision. This will allow the dental hygienist to provide intake screenings, to assist with routine screenings every two years, and to provide initial and routine hygiene therapies (not including the use of local anesthetic) without the intentions of a current exam from the dentist. This will allow our dental clinics to be more successful in treating our ever changing population.

Thank you for your time
Becky McCarl RDH
Iowa Correctional Institution for Women

<p style="text-align: center;">STATE OF IOWA DEPARTMENT OF CORRECTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>		Policy Number	Applicability
		HSP-1001	<input checked="" type="checkbox"/> DOC <input type="checkbox"/> CBC
		Policy Code	Iowa Code Reference
		Public Access	N/A
Chapter 6	Sub Chapter	Related DOC Policies	Administrative Code Reference
HEALTH SERVICES	DENTAL	HSP-501 HSP-505 HSF-505	N/A
Subject		ACA Standards	Responsibility
DENTAL SERVICES OVERVIEW		4-4360	Dr. Harbans Deol
		Effective Date	Authority
		March 2014	

I. PURPOSE

To assure dental screening and continued access to dental services for offenders.

II. POLICY

It is the policy of the Iowa Department of Corrections (IDOC) that offenders will be provided with an initial dental screening and ongoing dental services, as necessary.

III. DEFINITIONS - See IDOC Policy AD-GA-16 for Definitions.

IV. PROCEDURE

A. Initial Dental Screening and Examination

Within seven (7) days of each new offender's entry into the IDOC, a dentist or dental hygienist will conduct a dental examination/screen. Oral hygiene instructions and dental health education are provided. Offenders will view an ADA video on how to take care of their teeth and gums during orientation.

Findings of the dental examination/screening are documented in the Health Services Dental Record. Necessary x-rays are obtained. Each institution has written policy and procedure for providing routine and emergency dental services. Each offender has an individualized treatment plan, consistent with IDOC dental treatment priorities. Procedures for access to dental services are communicated to the offender, i.e., posted in living units, offender handbook, orientation, etc.

Upon examination/screening, offenders found to have Priority II treatment needs are placed on the Priority II list. Should the patient develop an emergency prior to being treated from this list, they must submit a Health Services Request.

B. Dental Re-Examination/Reviews

Each offender will receive a dental screen at least once every two years following their last dental examination/screen for the duration of their incarceration. An offender returning to the IDOC will be given a dental examination/screening, unless their last examination/screening was completed within the last six months. The examination/screen should include indicated radiographs. The offender's dental record is to reflect that an examination/screening was accomplished or refused. Offenders with a valid dental treatment refusal must be given the opportunity to rescind their treatment refusal; and subsequently participate in dental re-examination/screening.

C. Dental Treatment Priorities

Care and treatment should be provided consistently with the following three priorities and listed examples. The dental practitioner may use their professional judgment to upgrade or downgrade the priority of an offender's dental condition.

1. Priority I – evaluate and/or treat as quickly as possible, no later than the next working day.
 - a. Incapacitating pain.
 - b. Facial swelling.
 - c. Oral – facial trauma.
 - d. Suspected serious pathological conditions.

- e. Profuse bleeding.
- 2. Priority II – schedule for treatment as soon as possible.
 - a. Gross caries requiring extraction, pulpotomy, sedative fillings, or major operative treatment.
 - b. Initial treatment phase of periodontitis II, III, IV, including scaling, root planing, and oral hygiene instruction.
 - c. Endo filing and obturation.
 - d. Re-cementing fixed prostheses.
 - e. Removable Prosthetics – reline, repair.
- 3. Priority III – may be scheduled after all Priority II needs are met.
 - a. Small carious lesions.
 - b. Prophylaxis.

D. Federal Detainees

- 1. No dental examination/screen is routinely provided for federal detainees or patients on violator status, per **HSP-501** “Initial Health Screening and Appraisal”. Only emergency treatment is provided for these patients.
- 2. An exception is made for federal detainees who have been on the facility's count for more than 24 uninterrupted months with the IDOC for two years. In this case, a panograph is taken, contract locally, if necessary, and place patient on Priority II list should patient have any Priority II needs. All dental treatment will be billed to the Federal Marshall's Service.

E. Dentures and Partial

- 1. Patients are placed on the denture list at the dentist's discretion.
 - a. Once dental prosthetic treatment has been undertaken, the offender must be placed on a dental hold, so no transfer can take place until the prosthesis is completed.

- b. An effort should be made to devote one half-day per month, or a comparable percentage of time, in those cases where there is only part-time dental coverage for removable prosthetics.
 - c. The offender may be financially responsible for damage to their state issued prosthetic device.
2. A dentist must determine the need for prosthetic devices on a case-by-case basis. Prosthetics are offered to provide function; not for cosmetic reasons. Factors to be considered (and appropriately documented in the dental record) in the determination to construct or repair removable prostheses include, but are not limited to:
- a. Ability to function, i.e. masticate.
 - b. Acuteness of dental need.
 - c. Overall health of the offender.
 - d. Availability of staff, time, and equipment.
 - e. Number and position of missing teeth: If combination of missing anterior/posterior teeth, partial provision is at dentist's discretion. Title XIX guidelines require that there must be fewer than eight posterior teeth in occlusion to provide a partial replacing posterior teeth.
 - f. Oral and psychological conditions affecting acceptance of prostheses.
 - g. Condition of the mouth upon entry into the IDOC, (e.g., edentulous and has not worn dentures); if patient states no problems eating, no treatment is required.
 - h. Oral hygiene.

F. Services Not Provided

The following services are not provided by the IDOC:

- 1. Initiation of orthodontic treatment.
- 2. Fixed prosthodontics, (i.e., cast restorations, fixed bridgework, or other laboratory fabricated fixed restorations).

3. Dental implants.
4. TMJ splints.
5. Custom made mouth guards (exception being: severe attrition).
6. Cosmetic dentistry.

G. Orthodontics

1. No orthodontics will be initiated while an offender is incarcerated.
2. For offenders entering the IDOC with orthodontic appliances, a consult with their orthodontist is recommended. The patient's length of sentence should be considered. If it is decided to be in the patient's best interest, e.g., oral hygiene, the appliances will be removed.
3. The removal of orthodontic appliances may be undertaken without a consultation with the treating orthodontist at times when the need is obvious, or when the orthodontist cannot be reached.

H. Treatment Refusals

Patients have the option to refuse all dental treatment or individual treatment needs. DOC Form **HSF-305**, Treatment Refusal, is used for complete or partial refusal of dental treatment.

I. Dental Co-Pay Fees

Dental practitioners frequently receive Health Services Requests (IDOC Form **HSF-505**) from offenders desiring treatment. Dental staff screen these requests and appoint urgencies as needed; or, send deferral forms to those whose requests are unclear or do not require immediate treatment. Offenders are generally assessed a \$3.00 co-pay fee for dental services requests, according to **HSP-505**. This administrative fee is charged for reviewing the patient's chart to answer the Health Services Request (HSR), even in cases where a deferral is sent in lieu of treatment. Defer treatment requested, unless it is an emergency, to be fair to others on the Priority II list.

Instances where a \$3.00 co-pay fee is not necessary include:

1. Additional HSRs regarding same complaint/concern, if within a reasonable amount of time (two months).

2. Routine dental exams.
3. Dental appointments initiated by dental staff.
4. Follow-up visits.
5. Answering questions posed by the dentist in response to a deferral.
6. Emergencies which are life threatening in nature.

J. Dental Staff – Iowa Board of Dental Examiners

1. Dental staff provides care consistent with guidelines specified by the Iowa Board of Dental Examiners. Dental hygienists provide care under general supervision and assistants under direct supervision by the dentist.
2. 'Direct supervision' means that the dentist is present in the dental treatment setting at all times while the assistant is performing acts prescribed by the dentist which do not constitute the unauthorized practice of dentistry or dental hygiene. Assistants will not provide any dental treatment or do any dental consultation other than addressing clerical issues and hygiene instruction without a dentist being present. Dental Assistants cannot provide any dental treatment upon the direction of a nurse.

K. Referrals to Dental Specialists

Consultation and referral to dental specialists, including oral surgery, are provided when necessary.

L. Offenders Do Not Pay For Dental Treatment

The offender's desire to pay for treatment is not a factor in determining dental care and treatment.

(4-4360-0)

Additional dental healthcare forms are:

Form **HSF-1001A**, Consent Form for Dentures/Partials

Form **HSF-1001B**, Dental Surgery Consent

Form HSF-1001C, Endodontic Consent

Origination Date: Jan. 1982. Revised: July 1984, Jan. 1986, Jan. 1987, Dec. 1989, Dec. 1990, Dec. 1991, Sept. 1992, March 1993, Dec. 1993, March 1994, June 1994, Sept. 1994, March 1995, Sept. 1996, March 1997, March 1998, June 1999, June 2000, July 2003, June 2004, Jan. 2005, Jan. 2006, Jan. 2007, Aug. 2009, Oct. 2012, Nov. 2013. Reviewed: March 2014.