



# STATE OF IOWA

## IOWA DENTAL BOARD

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

PHIL MCCOLLUM  
INTERIM DIRECTOR

### IOWA DENTAL HYGIENE COMMITTEE

Updated 10/15/14 \*

#### AGENDA

October 17, 2014

10:00 A.M.

**Location:** Iowa Dental Board, 400 SW 8<sup>th</sup> St., Suite D, Des Moines, Iowa

**Members:** *Mary Kelly, R.D.H., Chair; Nancy Slach, R.D.H., Vice Chair; Matthew McCullough, D.D.S.*

- I. CALL MEETING TO ORDER – ROLL CALL**
- II. 1<sup>st</sup> OPPORTUNITY FOR PUBLIC COMMENT**
- III. APPROVAL OF OPEN SESSION MINUTES**
  - a. July 31, 2014 – Quarterly Meeting
- IV. LEGAL REPORT**
- 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” (RE: Current and Newly-Proposed Expanded Functions)
- VI. OTHER BUSINESS**
  - a. Request to be Nominated as CRDTS Examiner
  - b. Request to Include Correctional Facilities in Public Health Supervision Locations
  - \* c. Supervision requirements in sealant programs
- VII. APPLICATIONS FOR LICENSURE & OTHER REQUESTS\***
  - a. Sara Skattebo, R.D.H.
- VIII. 2<sup>nd</sup> OPPORTUNITY FOR PUBLIC COMMENT**
- IX. CLOSED SESSION\***
- X. ACTION, IF ANY, ON CLOSED SESSION ITEMS**
- XI. 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.

\*This portion of the meeting may be conducted in closed session to discuss confidential matters that may concern examination information, peace officers' investigative reports, attorney records related to litigation, patient records and reports on the condition, diagnosis, care or treatment of a patient, or investigation reports and other investigative information which is privileged and confidential under the provisions of Sections 22.7(2), 22.7(4), 22.7(5), 22.7(9), 22.7(19), and 272C.6(4) of the 2013 Code of Iowa. These matters constitute a sufficient basis for the committee 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.



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INTERIM DIRECTOR

### DENTAL HYGIENE COMMITTEE

#### OPEN SESSION MINUTES

July 31, 2014

Conference Room

400 S.W. 8<sup>th</sup> St., Suite D

Des Moines, Iowa

#### Committee Members

Mary C. Kelly, R.D.H.

Nancy A. Slach, R.D.H.

Matthew J. McCullough, D.D.S.

#### July 31, 2014

Present

Present

Absent

#### Staff Members

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

#### Attorney General's Office

Sara Scott, Assistant Attorney General

### I. CALL TO ORDER FOR JULY 31, 2014

Ms. Kelly called the meeting of the Dental Hygiene Committee to order at 9:03 a.m. on Thursday, July 31, 2014. A quorum was established with all members present.

Roll Call:

<u>Member</u>	<u>Kelly</u>	<u>Slach</u>	<u>McCullough</u>
Present	x	x	
Absent			x

Dr. Bradley attended on behalf of Dr. McCullough.

### II. 1<sup>st</sup> OPPORTUNITY FOR PUBLIC COMMENT

Ms. Kelly asked everyone to introduce themselves.

Ms. Kelly allowed the opportunity for public comment.

No comments were received.

### **III. APPROVAL OF OPEN SESSION MINUTES**

- *April 10, 2014 – Quarterly Meeting Minutes*
- ❖ MOVED by SLACH, SECONDED by KELLY, to APPROVE the minutes as submitted. Motion APPROVED unanimously.
- *June 12, 2014 – Teleconference Meeting Minutes*

Ms. Slach did not participate in the June 2014 meeting, and did not think it appropriate to be involved in the vote on this set of minutes. These minutes will be tabled for review until Dr. McCullough is present to vote on them.

### **IV. LEGAL REPORT**

Ms. Scott reported that the Governor signed into law the Home Base Iowa initiative. This action will require the Board to expedite the processing of applications for veterans who apply for, or express interest in working within healthcare, based on their prior experience. The Board will need to create pathways for licensure for veterans, whose military training may not meet current requirements for licensure. Rules will be drafted to be effective January 1, 2015.

Ms. Kelly stated that the Dental Hygiene Committee may need to closely review the proposed rules in the future to determine the effects that they may have on dental hygienists coming out of the military.

### **V. OTHER BUSINESS**

#### DENTAL HYGIENISTS WORKING WITH DENTAL ASSISTANTS UNDER PUBLIC HEALTH SUPERVISION

Ms. Kelly reported that this was an issue carried forward from the previous meeting. This is an issue that was brought to the Board at its April 2014 meeting. The Board has forwarded this item to the Dental Assistant Registration Committee for further review and recommendation. To date, the Dental Assistant Registration Committee had not met.

### **VI. ADMINISTRATIVE RULES/ADMINISTRATIVE RULE WAIVERS**

- *Draft for Discussion – Proposed Amendments to Ch. 10, “General Requirements”; Ch. 20, “Dental Assistants”; Ch. 23 (new chapter), “Expanded Functions for Dental Auxiliaries” (RE: Current and Newly-Proposed Expanded Functions)*

Ms. Kelly reported that the proposed language was drafted by Board staff based on previous comments and suggestions. Ms. Kelly reported that there were some concerns with the current drafts based on services that dental hygienists can provide in the current scope of practice under general supervision; the proposals would require the functions be performed under direct supervision. Ms. Kelly would like to see language updated to address these concerns.

Ms. Kelly inquired about approval of expanded functions courses. Ms. Braness and Mr. McCollum reported that the Board has always accepted training through ADA-accredited programs. Other training courses would need to be reviewed on a case-by-case basis.

Mr. McCollum reported that if a practitioner was unsure if expanded functions training was completed as part of a formal dental assisting or dental hygiene program, the practitioner would need to contact the schools and ask the school to verify this in writing.

Ms. Kelly asked about the possibility of rule waivers if the school can no longer verify the training. Mr. McCollum stated that waivers would be reviewed on an individual basis, but would be allowed as deemed appropriate by the Board.

Ms. Slach asked about the educational basis on which to provide receive additional training and education within a dental office. Ms. Slach stated that some of these duties are not difficult, and asked if it would be possible for a licensed dentist to provide some of the training. Mr. McCollum stated that the proposals allow for this; though, the training may require prior approval by the Board.

Ms. Kelly stated that the services currently allowed in the scope of practice under general supervision should be acknowledged in the drafts. Mr. McCollum asked for clarification as to which duties, Ms. Kelly was referring. Ms. Kelly made reference to the previously-reviewed and approved FAQs, wherein certain expanded functions were identified to fall within the scope of practice of a dental hygienist. Mr. McCollum stated that the problem, in some cases, is that not all educational programs provide training in those areas, and that hygienists should not perform services without training.

In response, Ms. Kelly gave an example of dental students who receive didactic training in implants, but may never have performed these procedures to clinical competency in dental school. However, their dental license would allow them to perform those procedures.

Ms. Brown, DMACC, asked about those who may have received training in another school, and later move to Iowa. Ms. Brown stated that this would need to be addressed. Mr. McCollum stated that this could be addressed by the school providing written verification of the training. Mr. McCollum stated again that even if the practice act were to allow certain services to be provided, practitioners should not provide services for which they have not received training, or been exposed.

Ms. Brown came back to example of services provided by dentists in cases where they may not have received training in dental school. Mr. McCollum stated that there was some difference in that a dentist bears the ultimate responsibility for everything that takes place within a practice, even for work provided by dental hygienists; dental hygienists, while still responsible for their work, have a lower level of responsibility than dentists.

Dr. Bradley thought the Iowa Dental Hygienists' Association proposed the distinction between the scopes of practice for dental assistants and dental hygienists. Mr. McCollum stated that there is a

provision in Iowa Administrative Code 650, which states that a dental hygienist would not be considered a dental assistant for the purposes of registration. The main reason for the restriction against dental hygienists performing those service was a result of the chapter in which expanded functions were included. Ms. Cacioppo also provided some historical background relating to some of these changes.

Ms. Kelly stated that Commission of Dental Accreditation (CODA) has established standards regarding training and education; however, the standards are not always specific about how to teach these standards. There are various ways to address or teach competencies: lab, clinical, didactic. The Board does not regulate CODA, which means that the Board has to rely on CODA standards for training. Mr. McCollum stated a survey of dental hygiene programs in Iowa showed that not all dental hygiene programs provided education and training in some of the duties. Ms. Kelly thought that the responses may change if the questions are posed differently. Ms. Kelly would like to see a more standardized way of surveying these programs.

Ms. Slach stated that there is also significant difference between the duties performed by dental hygienists and dental assistants. For example, dental hygienists perform more work intraorally; whereas, dental assistants perform more work extraorally. Ms. Slach thinks that some of these proposed expanded functions fall within the current scope of practice for dental hygienists.

Mr. McCollum stated that another point of consideration is the scope of education and training. If the training is not adequately provided, and services are poorly performed, a practitioner could potentially be charged for practicing beyond their education and training.

Ms. Scott understands where Ms. Kelly and Ms. Slach are coming from. However, Ms. Scott stated that without an easy standard, it makes regulation and enforcement difficult. Mr. McCollum stated that there is a difference between what the practice act allows, and whether or not someone is qualified to provide those services.

Ms. Kelly wanted to be sure that dental hygienists would not be taking a step back in the level of supervision should the proposed changes be adopted. Mr. McCollum asked if there were proposed duties, which can be performed, currently, under general supervision. Ms. Kelly stated that there were.

Ms. Kelly stated that, for the most part, she is in favor of the proposals with the exception of duties that are currently allowed under general supervision pursuant to the current scope of practice which would require direct supervision per the proposed drafts.

Mr. McCollum stated that prior to the meeting, the Iowa Dental Assistants Association, and Mr. Cope indicated that the Iowa Dental Hygienists' Association were in support of the proposed drafts. Mr. McCollum stated that he is open to reworking these drafts.

Mr. McCollum stated that he wanted to draft proposals in a way that incorporates the requests of the interested parties; however, there also needs to be a mechanism to address problems, which may arise.

Ms. Kelly thanked Mr. McCollum for his work on this.

## **VII. APPLICATIONS FOR LICENSURE & OTHER REQUESTS**

There were no applications or other requests for review.

### **X. 2<sup>nd</sup> OPPORTUNITY FOR PUBLIC COMMENT**

Ms. Kelly allowed the opportunity for public comment.

Ms. Cacioppo reported that when the dental assistant duties lists were drafted, they were based on declaratory rulings, which have less legal authority than Iowa Code or Iowa Administrative Code.

Ms. Cacioppo commented on the military issue as it relates to dental hygienists. Ms. Cacioppo stated that the military training in the area of dental hygiene is only a 12-week course that does not meet CODA requirements; and therefore, does not meet the Board's requirement for licensure. Ms. Kelly stated that this is the problem. The Home Base Iowa initiative requires licensing boards to develop protocols whereby training completed in the military can be applied to licensure requirements in Iowa.

Ms. Cacioppo reported that the Iowa Dental Hygienists' Association supports a student-faculty meeting in the fall. Ms. Cacioppo felt that this may be an opportunity to meet with the educators to share information with faculty as needed.

Mr. Cope, IDHA, stated that it is important to look at the whole paragraph of the proposed Iowa Administrative Code 650—23.3(3), not only the subsections. The current scope of practice should not be changed when updating the draft language. The proposed language was intended to address a narrow issue. Mr. Cope stated that the issue grew when additional items were added to the list of expanded functions. There are now broader concerns that need to be looked at more closely.

An I-Smile coordinator in attendance, asked about the public health supervision issue related to the use of dental assistants. Ms. Kelly stated that dental hygienists cannot supervise dental assistants. There was a question about who could help with paperwork. Ms. Scott and Mr. McCollum stated that a dentist would need to provide supervision of dental assistants. The use of dental assistants for the purposes of paperwork was discouraged since it may raise questions about what other duties, they may be performing.

Ms. Onnen, I-Smile coordinator, had questions about this same matter. Ms. Onnen would encourage the Board to reconsider this matter, and propose changes, which would allow dental assistants to work in public health settings. There are concerns related to funding when using two dental hygienists to provide sealants. It is not cost-effective.

Ms. Braness and Mr. McCollum stated that the Board is in support of this proposal; however, the Board has referred this to the Dental Assistant Registration Committee for further review prior to moving forward.

Mr. Cope asked if the Dental Assistant Registration Committee is scheduled to meet. Mr. McCollum stated that a meeting will be scheduled following this Board meeting. The Board would be considering committee appointments at this meeting. Dr. Bradley and Ms. Kelly were in favor of expediting this matter.

The I-Smile coordinator asked again about the matter of paperwork in public health settings. Mr. McCollum stated that it is best practice to not have any dental assistants there as there may be an assumption that they may be there as dental assistants, not just to do paperwork.

Ms. Veenstra stated that a lot of dental assistants work in public health settings. Ms. Veenstra stated that the restriction posed some problems. Ms. Kelly stated that when a dentist is involved, this work would be allowed under general supervision. Dental assistants' participation in public health settings is prohibited when a licensed dentist is not directly involved with the public health programs providing either general or direct supervision.

Ms. Onnen asked about dental hygienists, who were trained in another country. Would the foreign-trained dental hygienists be allowed to perform those expanded functions? Mr. McCollum stated that the training would need to be reviewed, to determine if the training meets licensing requirements. Currently, there are provisions for foreign-trained dentists; however, there aren't any current provisions for foreign-trained dental hygienists.

**VIII. CLOSED SESSION**

- ❖ MOVED by SLACH, SECONDED by KELLY, to go into closed session pursuant to Iowa Code 21.5(1)(a), (d) and (f) to discuss and review complaints and other information required by state law to be kept confidential.

Roll Call:

<u>Member</u>	<u>Kelly</u>	<u>Slach</u>	<u>McCullough</u>
Yes	x	x	
No			
Absent			x

Motion APPROVED by ROLL CALL.

- The Dental Hygiene Committee convened in closed session at 9:44 a.m.
- The Dental Hygiene Committee recessed at 9:44 a.m.
- The Dental Hygiene Committee reconvened at 2:54 p.m.
  - Dr. McCullough was present with the Dental Hygiene Committee reconvened.

**IX. IX. RECONVENE IN OPEN SESSION**

- ❖ MOVED by KELLY, SECONDED by MCCULLOUGH, to return to open session. Motion APPROVED unanimously.

- The Dental Hygiene Committee reconvened in open session at 3:31 p.m.

## **X. ACTION ON CLOSED SESSION ITEMS**

- ❖ MOVED by KELLY, SECONDED by MCCULLOUGH to approve the June teleconference minutes as submitted. Motion APPROVED unanimously. Ms. Slach abstained from this vote.
- ❖ MOVED by KELLY, SECONDED by MCCULLOUGH to approve the closed session minutes as submitted. Motion APPROVED unanimously.
- ❖ MOVED by KELLY, SECONDED by MCULLOUGH to close #14-0063. Motion APPROVED unanimously.
- ❖ MOVED by KELLY, SECONDED by SLACH to close #14-0091. Motion APPROVED unanimously.
- ❖ MOVED by KELLY, SECONDED by SLACH to close #13-0073. Motion APPROVED unanimously.
- ❖ MOVED by KELLY, SECONDED by SLACH to close #14-0099. Motion APPROVED unanimously.
- ❖ MOVED by SLACH, SECONDED by SLACH to keep #14-0040 open. Motion APPROVED unanimously.
- ❖ MOVED by SLACH, SECONDED by SLACH to keep #14-0041 open. Motion APPROVED unanimously.
- ❖ MOVED by SLACH, SECONDED by SLACH to keep #14-0049 open. Motion APPROVED unanimously.
- ❖ MOVED by SLACH, SECONDED by MCULLOUGH to APPROVE the Statement of Charges, Settlement Agreement, and Final Order (combined) in the Matter of Robin M. Kehrl. Motion APPROVED unanimously.

## **XI. ADJOURN**

- ❖ MOVED by KELLY, SECONDED by SLACH, to adjourn. Motion APPROVED unanimously.

The meeting of the Dental Hygiene Committee adjourned at approximately 3:35 p.m. on July 31, 2014.

## **NEXT MEETING OF THE COMMITTEE**

The next meeting of the Dental Hygiene Committee is scheduled for October 16, 2014, in Des Moines, Iowa.

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

## **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 8<sup>th</sup> Street  
Des Moines, IA 50309-4687

Via email: [phil.mccollum@iowa.gov](mailto: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](mailto: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](mailto: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]

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**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](mailto: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](mailto: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

**Braness, Christel [IDB]**

---

**From:** McCollum, Phil [IDB]  
**Sent:** Tuesday, September 02, 2014 1:23 PM  
**To:** Braness, Christel [IDB]  
**Subject:** FW: CRDTS Hygiene Examiner

Can you see me on this.

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

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-----Original Message-----

From: Tena Springer [mailto:tena.geis1@gmail.com]  
Sent: Tuesday, September 02, 2014 12:49 PM  
To: McCollum, Phil [IDB]  
Cc: Mary  
Subject: CRDTS Hygiene Examiner

Dear Mr. McCollum and Mary Kelly,

I am writing to express my interest in becoming a CRDTS examiner for dental hygiene. I have practiced clinically as a dental hygienist since 1981, was a Professor of Dental Hygiene at DMACC from 2004-2010 and am currently the Dental Program Director for Primary Health Care, Inc. in Des Moines. While at DMACC, it was my responsibility to review with and discuss with the students the CRDTS manual in preparation for their exams. I also organized and implemented a Mock Boards event to prepare them for the structure of the exam. I strongly value and am committed to excellence in Dental Hygiene and would love to be a part of this experience.

Please consider this email as my formal request for your consideration for any current or future openings in this position. Thank you,

Respectfully,  
Tena Springer

**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 8<sup>th</sup> Street Suite D  
Des Moines Iowa 50309

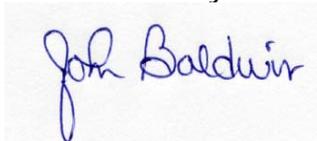
To Whom It May Concern:

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;"><b>STATE OF IOWA</b> <b>DEPARTMENT OF CORRECTIONS</b></p> <p style="text-align: center;"><b>POLICY</b> <b>AND PROCEDURES</b></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

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