IOWA DENTAL BOARD
MINUTES
July 12-13, 2012
Conference Room
400 S.W. 8th St., Suite D
Des Moines, Iowa

Board Members	**July 12, 2012**	**July 13, 2012**
Michael J. Rovner, D.D.S., Chairperson	Present	Present
Lynn D. Curry, D.D.S., Vice Chairperson	Present	Present
Steven P. Bradley, R.D.H., Secretary	Present	Present
Steven C. Fuller, D.D.S.	Present	Present
Matthew J. McCullough, D.D.S.	Present	Present
Mary C. Kelly, R.D.H.	Present	Present
Nancy A. Slach, R.D.H.	Present	Present
Diane Meier, Public Member	Present	Present
Lori Elmitt, Public Member	Present	Present

Staff Members
Melanie Johnson, Christel Braness, Phil McCollum, Brian Sedars, Dee Ann Argo, Janet Arjes

Attorney General's Office
Theresa Weeg, Assistant Attorney General

Other Attendees
Lori Brown, R.D.H., Iowa Dental Hygienists' Association
Eileen Cacioppo, Iowa Dental Hygienists' Association
Carol Van Aernam, Iowa Dental Hygienists' Association
Larry Carl, Iowa Dental Association
Stephen Thies, D.D.S., Iowa Academy of General Dentistry
Lori Pelke, Midwest Dental
Tracy Rodgers, R.D.H., Iowa Department of Public Health
Jeannene Veenstra, R.D.A., Iowa Dental Assistant Association

CALL TO ORDER FOR JULY 12, 2012

Chairman Rovner called the open session meeting of the Iowa Dental Board to order at 11:34 a.m. on Thursday, July 12, 2012. A quorum was established with all members present.

Roll Call:

Member	Bradley	Curry	Elmitt	Fuller	Kelly	McCullough	Meier	Rovner	Slach
Present	x	x	x	x	x	x	x	x	x
Absent									

PUBLIC COMMENT

Chairman Rovner allowed time for public comment.

No comments were received.

PUBLIC HEARING

- *Notice of Intended Action to Amend Chpt. 20, "Dental Assistants" (ARC #0170C)*

Ms. Johnson explained that the public hearing on the proposed rules was scheduled in conjunction with the open meeting of the Board so that all of the interested parties could participate.

Ms. Johnson reported that the proposed changes would offer a provision for dental assistant trainees to start over if they do not meet all of the requirements for registration within the 12 months as established in law. The proposed amendments would alsoclarify that an out-of-state dental assistant applying for an Iowa dental assistant registration must have at least six months of prior dental assisting experience under a licensed dentist within the past two years;, and would require dental assistant trainees to wait for issuance of an active trainee status prior to working in Iowa. The last provision was recommended due to the number of practitioners who have failed to comply with this requirement.

Ms. Johnson indicated that, to date, there had been no written comments received regarding the proposed rule amendments.

Larry Carl, IDA, suggested that the language regarding the removal of the 7-day reporting period be adjusted to allow volunteers from out of state be allowed to practice at volunteer programs such as the Iowa Mission of Mercy Program. Ms. Johnson indicated that this item concerning volunteer dental assistants from out of state would be addressed.

Ms. Veenstra, IDAA, has concerns about the provision allowing dental assistants to start over. Ms. Veenstra indicated that she felt that rule waivers would be a better way to address this matter. Ms. Veenstra feels that some people may take advantage of the start-over option. Ms. Johnson responded by clarifying that under Iowa law dental assistant trainees only have 12 months from the first date of employment as a dental assistant in Iowa to complete all of the requirements for registration. .Because it is a statutory requirement it is not subject to waiver. Therefore, waivers cannot be applied in these cases. Ms. Johnson indicated, however, that there is a provision to limit the number of times a dental assistant could reapply for trainee status.

After meeting the maximum allowed under the rule, a dental assistant would be required to seek a rule waiver to obtain further approval to work under dental assistant trainee status.

Dr. Curry asked about what would likely happen in cases when an office would have an emergency arise and they needed to hire a dental assistant quickly. The removal of the 7-day rule could cause some hardship for smaller dental practices. Board staff acknowledged that there are trade-offs to both options. Ms. Johnson mentioned that when the new database, when it goes live, would allow applications for trainee status to be processed much more quickly.

Ms. Johnson reported that the proposed rules were not yet eligible for adoption.

- *Other Public Comments*

No other comments were received.

APPROVAL OF MINUTES

- *April 24-25, 2012 Minutes*

❖ MOVED by BRADLEY, SECONDED by KELLY, to approve the minutes of the April 24-25, 2012 meeting of the board with a correction for the spelling of Paula Meyer's name. Motion APPROVED unanimously.

- *May 18, 2012 Minutes*

❖ MOVED by BRADLEY, SECONDED by FULLER, to approve the minutes of the May 18, 2012 teleconference meeting. Motion carried.

REPORTS

EXECUTIVE DIRECTOR'S REPORT

Ms. Johnson reported that she provided the Board members with additional information regarding her report in the Board folders.

Ms. Johnson reported that Board staff are in the busy cycle for application and license renewal. Ms. Johnson reported that bulk of the applications has been received from the new graduates. Ms. Johnson reported that there was some miscommunication with the new graduates from the University of Iowa College of Dentistry regarding potential issue dates. As such, Board staff is doing the best to meet the employment start dates for the new graduates. The high volume and limited staff designated for licensure and registration are slowing things slightly.

Ms. Johnson updated the Board on the AMANDA database project. Ms. Johnson reported that there were some problems with the Board of Nursing's AMANDA database project, which has slowed things down. It is anticipated that staff will resume testing and training in September.

LEGAL REPORT

Ms. Weeg reported that staffing has changed in the Attorney General's office. Ms. Scott will no longer continue serving the Dental Board, other than serving as a back-up when Ms. Weeg would be unavailable.

ANESTHESIA CREDENTIALS COMMITTEE REPORT

Dr. Curry reported that the committee was unable to meet due to delays earlier in the morning when a few of the other committee meetings ran over the designated time allotted.

- *General Anesthesia Permit Applications: Dr. Luke Freml, D.D.S. and Dr. Kimberly Pingel, D.D.S.*

❖ MOVED by KELLY, SECONDED by BRADLEY, to approve the applications for general anesthesia permit for Dr. Freml and Dr. Pingel pending their approval by the Anesthesia Credentials Committee at a later date. Motion APPROVED unanimously.

CONTINUING EDUCATION ADVISORY COMMITTEE

Dr. Curry reported that the Board was provided a list of courses, which were recommended for approval since the last meeting. Dr. Curry also provided an overview of the recommendations from the meeting of the committee held earlier that morning.

Dr. Curry reported that two additional continuing education courses were received at the last minute. Dr. Curry recommended approval for the continuing education course sponsored by Dr. Iglehart and Dr. Fritz as the topic of the course pertained directly to the clinical practice of dentistry. Dr. Curry recommended that the course, "WOW Your Patients" be referred back to the committee for a more thorough review.

Ms. Kelly asked about the denial of credit for the Iowa Head Start Association course, "Healthy Smiles." Ms. Cacioppo, a committee member, clarified that the course was denied credit based on the information provided by the sponsor. The main audience of the course was teachers, not dental professionals. As such, it would likely be of little educational value to dental professionals.

❖ MOVED by BRADLEY, SECONDED by MEIER, to approve the continuing education courses and sponsors as recommended. Motion APPROVED unanimously.

EXECUTIVE COMMITTEE REPORT

Dr. Rovner reported that the executive committee has recommended the establishment of a budget review committee to more fully review the budget and financial aspects of the Board.

Dr. Rovner appointed Dr. Fuller, Dr. Curry and Dr. McCullough to serve on this committee.

Dr. Rovner reported that there is a vacancy on the Continuing Education Advisory Committee. The committee has recommended that Marijo Beasler, R.D.H. be appointed to fill the vacancy.

- MOVED by FULLER, SECONDED by KELLY, to appoint Ms. Beasler to serve on the Continuing Education Advisory Committee. Motion APPROVED unanimously.

AMERICAN ASSOCIATION (AADB) – Mid-year Meeting
Dr. Rovner asked if the Board would like members to attend the meeting. Dr. Bradley would recommend that someone attend on behalf of the Board.

- MOVED by MEIER, SECONDED KELLY, to send 1 Board member and 1 staff member. Motion APPROVED unanimously.

USE OF ELECTRONIC SIGNATURES
Dr. Rovner reported that there was some discussion about the use of electronic signatures. Dr. Curry has volunteered to sign most of those documents as required.

LICENSURE/REGISTRATION COMMITTEE REPORT
Dr. Rovner reported that the Licensure/Registration Committee met earlier this morning. Direction was given to staff regarding workflow related to the review and processing of applications. Dr. Rovner reported that staff is a little more behind in processing applications than normal. Dr. Rovner indicated that staff not being made aware of when applicants are starting employment has made it difficult to prioritize applications effectively.

Ms. Johnson reported that the Committee directed staff to refer applications to them for review when the applicant has indicated being out of practice for five (5) or more years, in addition to application for faculty permit or resident dental licenses in cases where the applicants went to a foreign dental school. The committee will report their actions to the Board each quarter.

DENTAL HYGIENE COMMITTEE REPORT
Ms. Kelly reported that the Dental Hygiene Committee met earlier in the morning. The committee directed staff to correct minutes from May 2012 to reflect the election of officers.

Ms. Kelly reported that the committee directed Board staff to draft proposed language to consider adding day cares to the allowed sites under public health supervision agreements.

Ms. Kelly reported that the committee has also asked staff to research the issue of fluoride varnish under public health supervision agreements.

DENTAL ASSISTANT REGISTRATION COMMITTEE REPORT
Dr. Rovner indicated that there was no report.

EXAMINATION REPORTS

CRDTS STEERING COMMITTEE
Dr. Bradley reported that there was no report.

Dr. Kuempel, current president of CRDTS, reminded the Board members that the CRDTS annual session is scheduled for August 2012 in Kansas City, Missouri.

CRDTS DENTAL HYGIENE EXAMINATION REVIEW COMMITTEE
Ms. Kelly reported that the committee is scheduled to meet that weekend.

CRDTS DENTAL EXAMINATION REVIEW COMMITTEE
Dr. Bradley indicated that there was no report.

IOWA PRACTITIONER REVIEW COMMITTEE REPORT

Mr. Sedars provided the Board with updated statistics for the IPRC. There was one (1) self-report. There are currently 13 participants; two (2) members were discharged.

ADMINISTRATIVE RULES/ RULES WAIVERS

RULE-MAKING UPDATE

- *ARC #1064C – Adopted and Filed Emergency, Amendments to Chpt. 15, "Fees"*
  - *Effective May 21, 2012*

Ms. Johnson reported that this information was provided for review. The rules were filed emergency, no action is required.

- *ARC #0170C – Notice of Intended Action (NOIA), Amendments to Chpt. 20, "Dental Assistants"*
  - *Public Hearing – July 12, 2012, 11:00 a.m.*

Ms. Johnson reported that the public hearing was held at the start of this meeting.

- *ARC #0128C (NOIA) Adoption of Final Amendments to Chpts. 10, 11, 12, 13, 14, 15, 20, 22, 25, 29, 51*
  - *Ready for final adoption*

Ms. Johnson reported that these rules are eligible for adoption.

- ❖ MOVED by FULLER, SECONDED by KELLY, to adopt the rules as submitted. Motion APPROVED unanimously.

- *Discussion – Possible Rule Amendment Re: Expanded Functions*

Ms. Johnson reported that a meeting is scheduled for the following morning to discuss this matter further.

- *Rule Waiver – Dr. Niels Oestervemb, D.D.S., Petition to Waive Subrule 11.4(1) Relating to Graduates of Foreign Dental Schools*

- ❖ MOVED by ROVNER, SECONDED by MCCULLOUGH, to approve the waiver request. Motion APPROVED unanimously.

ANNUAL REGULATORY PLAN

Ms. Johnson reported that the Board has received a copy of the annual regulatory plan. Ms. Johnson recommended approval of the annual regulatory plan.

- ❖ MOVED by MEIER, SECONDED by BRADLEY, to approve the regulatory plan as submitted. Motion APPROVED unanimously.

LEGISLATIVE UPDATE

LEGISLATIVE INITIATIVES FOR 2013 SESSION
Ms. Johnson reported that this is the time to notify her if the Board wishes to pursue legislative action.

OTHER BUSINESS

DISCUSSION REGARDING DESIGNATION AS SPECIALISTS, IMPLANTS & ANESTHESIA

Ms. Johnson reported that Dr. Rovner received a request asking for clarification about who is allowed to have advertisements providing services that could be considered to fall within a specialty.

Mr. McCollum reported that there is a lot of use of advertisements for implants and sedation 'specialties.' The American Dental Association (ADA) does not currently recognize either of these services as specialties.

Ms. Weeg stated that rules currently allow licensees to claim a specialty in areas recognized by the ADA. The problem is that a dentist may want to emphasize areas of interest, in which they may not have obtained a specialty certification. There are also first amendments concerns. If the rules were strictly enforced, there could be some room for appeal by licensees in the courts. Ms. Weeg would recommend that the Board review these on a case-by-case basis.

Dr. Rovner indicated his concern about the use of the words "specializing in" or "specialist". Ms. Weeg clarified that since this is also a first amendment issue, the language would be allowed, legally, so long as it is truthful.

DISCUSSION REGARDING PUBLIC HEALTH SUPERVISION, REGISTERED DENTAL HYGIENISTS, AND SUBSEQUENT VISITS: IS AN EXAMINATION BY A DENTIST REQUIRED?

Dr. Rovner reported that this was discussed in the Dental Hygiene Committee meeting. Ms. Kelly reported that the current language addressing this issue is vague, particularly as it relates to public health supervision agreements. Staff has been instructed to review this matter further and follow up at a later date.

Dr. Curry suggested obtaining copies of the current public health supervision agreements so that the Board can get a sense of the services being provided and to what extent these programs are successful. Ms. Kelly reported that the reports, to date, have shown the program is successful.

Ms. Kelly reported that, historically, quite a number of the public health supervision agreements do not use the 12 months as the standard for requiring an examination by a dentist prior to continuing services under the public health supervision agreement. Dr. Curry asked to know what the 12-month requirement was replaced with. Dr. Curry wants to ensure that patients are actually being examined by a dentist on a timely basis. As discussed in the Dental Hygiene Committee meeting, it was indicated that the current language is vague in this regard and could be clarified.

- MOVED by CURRY, SECONDED by BRADLEY, to have staff request additional information including former rules and current public health agreements to get an overview of historical data. Motion APPROVED unanimously.

<u>APPLICATIONS FOR LICENSURE/REGISTRATION & OTHER REQUESTS</u>

RATIFICATION OF ACTIONS TAKEN BY EXECUTIVE DIRECTOR SINCE LAST MEETING ON APPLICATIONS

Ms. Johnson reported that the Board was provided a list of licenses, registrations, and permits issued since the last meeting.

- MOVED by FULLER, SECONDED by MEIER, to ratify the actions taken on licenses, registrations and permits. Motion APPROVED unanimously.

PUBLIC COMMENT

Chairman Rovner allowed time for public comment.

Mr. Carl, IDA, indicated that the Iowa Dental Association has copies of the public health supervision agreements that they could provide to the Board upon request.

- The Board took a brief recess at 12:29 p.m.

- The Board reconvened at 12:41 p.m.

CENTRAL REGIONAL DENTAL TESTING SERVICES, INC. (CRDTS) PRESENTATION

Dr. Kuempel, a former Board member, is the current president of CRDTS. Dr. Kuempel wanted to touch base with the Board and provide an overview and update of CRDTS.

CRDTS strives to provide an examination that has validity, reliability and fidelity so as to ensure the necessary standard of care and competency in the practice of dentistry and dental hygiene.

Currently, the failure rate for the CRDTS examination is around 3-6%, which is a good standard for the curriculum-integrated format (CIF). The failure rate of the traditional format is slightly higher. The CIF format allows students to remediate in the areas where they had problems while still in school. Dr. Kuempel indicated that, statistically, there are approximately 2-3% of all graduates will never pass a clinical examination.

Dr. Kuempel stated that by being a member of CRDTS, dental boards have a vote in the development of the organization and its examinations. Dr. Kuempel reported that approximately 40 states currently accept the CRDTS examinations for the purposes of licensure.

Dr. Kuempel expressed a preference for licensing boards to dictate procedural portions, which require testing prior to licensure, as opposed to simply selecting regional examinations, which can vary in the subject areas, which they test.

Dr. Kuempel reported that the CRDTS examinations are undergoing occupational analysis to ensure that the examinations are appropriate for current graduates and applicants for license. The examinations are always undergoing further review for changes, which may need to be made to maintain an examination that is relevant to current practices in dentistry and dental hygiene. A survey was recently sent to practitioners, who have been in practice less than ten (10) years to evaluate current practices.

Dr. Kuempel reported that the electronic scoring devices currently used by CRDTS allow students to receive their score results in a much shorter period of time as compared to previous years.

Dr. Kuempel noted that CRDTS is one of the few testing agencies, which provides testing in the area of fixed prosthodontics. Dr. Kuempel feels that this is one of the strengths of the CRDTS examination. Dr. Kuempel stated that there are some areas in which testing on manikins are sufficient. However, CRDTS feels that there are some areas in which you get a better sense of competency by performing examinations on human subjects. CRDTS feels that manikins cannot fully replicate the practice of dentistry or dental hygiene on humans.

Dr. Kuempel feels very strongly that an independent clinical examination is necessary to show a level of competency and a minimum standard of care. Dr. Kuempel, as a clinical examiner, has seen too many problems during the course of an examination to feel assured that other methods of examination yield a commensurate result in measuring the standard of care.

Dr. Kuempel indicated that, in order to ensure an equitable examination, patient submissions are sometimes rejected to ensure an equal basis of comparison and examination between testing candidates.

In order to become more familiar with clinical examinations, and the CRDTS examination in particular, Dr. Kuempel would recommend that all dental and dental hygiene board members participate in at least one (1) clinical examination per year; Dr. Kuempel, however, feels that two (2) is preferable. As a member state, at a minimum, the Board needs to ensure that Board members are appointed to serve on the steering committee, and the examination review committees. Beyond that, the Board can determine to what it extents it participates in CRDTS and the examination processes.

Dr. Kuempel allowed the opportunity for questions.

The presentation concluded at 1:30 p.m.

CLOSED SESSION

- MOVED by MEIERS, SECONDED by KELLY, to go into closed session pursuant to Iowa Code Section 21.5(1)(d) to discuss and review complaints and investigative reports which are required by state law to be kept confidential.

Member	Bradley	Curry	Elmitt	Fuller	Kelly	McCullough	Meier	Rovner	Slach
Yes	x	x	x	x	x	x	x	x	x
No									

Motion APPROVED by ROLL CALL

- MOVED by ROVNER, SECONDED by CURRY for the Board to go into open session Motion APPROVED unanimously.

- The Board resumed open in open session at 10:02 a.m. on Friday, July 13, 2012.

EXPANDED FUNCTIONS DISCUSSION

Dr. Rovner said that this was another opportunity for the Board members to speak with the interested parties to gather more information about the possibility of expanding the list of allowed expanded functions. Dr. Rovner indicated that final decisions would not be made today regarding these issues.

Mr. Carl, IDA, provided an overview of a survey conducted by the IDA in regards to the question of expanded functions. At the district meetings, there was thorough dialogue concerning these issues. Most districts were strongly in favor of increasing the number of allowed the expanded functions for dental assistants and dental hygienists.

The leadership of the IDA is not unanimous on this matter; however, a majority of the leadership within the IDA would support the expansion of expanded functions. There was also some further discussion of this topic by the delegates at the annual meeting in May. Again, the vote was not unanimous; however, they were overwhelmingly in support.

Dr. Rovner asked Mr. Carl to explain why the support by the IDA is so overwhelming. Mr. Carl stated that the leadership of the IDA is anticipating changes in insurance law going forward. The majority of practitioners want to proactively anticipate additional activity if the Medicaid expansion does not go forward in Iowa. Dental auxiliaries are a good way of addressing some of the limitations of access to certain services. The Affordable Care Act has a direct impact on the public which may result in more patients being seen and treated in dental offices.

Dr. Dan Kegler, D.D.S., current president of the IDA, noted that not all IDA members support all proposed expanded functions for a variety of reasons; however, most of the members supported the idea of expansion of these duties in general.

Ms. Jane Slach, Iowa Dental Assistants Association (IDAA), indicated that the IDAA is interested in pursuing the expansion of these functions. The IDAA also supports the proposal, which would allow dental hygienists to perform these functions. From the standpoint of the Educators Council, Ms. J. Slach indicated that there are some questions about how the issue of curriculum would be addressed. Ms. J. Slach recommended that there be sufficient time allowed to take the curriculum into consideration.

Dr. Kegler indicated that there were some additional duties proposed by the IDAA, including denture adjustments and placement of removable prosthetics, as well as tissue liners. Dr. Kegler stated that some of these services may already fall into the current list.

Dr. Fuller asked Ms. J. Slach for her background. Ms. J. Slach stated that she was the president of the IDAA and is an educator at Kirkwood Community College within the dental assistant

program. Ms. Slach reported that approximately 10% of all registered dental assistants are members of the IDAA.

Mr. Carl, IDA, indicated that approximately 90% of all licensed dentists are members of the IDA.

A representative of the Iowa Dental Hygienists' Association (IDHA) indicated that 25-30% of licensed dental hygienists are members of the IDHA.

Mr. Cope, IDHA, questioned the relevancy of membership levels. If the Board takes the issue of membership percentages into strong consideration, it should be noted as part of the record. Dr. Fuller explained that he wanted to know what input the licensees/registrants may have with each organization. Ms. J. Slach agreed with an earlier comment made by Eileen Cacioppo, who pointed out that for some licensees/registrants money is a factor in the issue of membership.

Dr. Kanellis supports increasing the list of approved expanded functions given ongoing trends in dental care. Dr. Kanellis feels that Iowa is a bit unique given the culture of agriculture with only one dental school in the entire state. Dr. Kanellis reported that he is a pediatric dentist. Dr. Kanellis also indicated that most of his discussions in these areas have been with licensees in more rural areas. Dr. Kanellis indicated that many of these licensees are willing to provide additional training to their auxiliaries in order to provide more service to their patients. Currently, there are current restrictions on the duties, which auxiliaries are allowed to perform. Dr. Kanellis indicated that the expansion of these duties would provide greater access to dental care without costing the state any extra money. Dr. Kanellis expressed the opinion that these proposals may be a better alternative to mid-level practitioners. Dr. Kanellis feels that Iowa has a good system, whereby more services could be provided by allowing dental auxiliaries to take on extra duties in the scope of their practice.

Dr. Kanellis, indicated that in some cases, mid-level providers may be unable, or unwilling, to see some patient groups, which really need better access to care. Some of the care could possibly be addressed by dental auxiliaries, who were allowed to take on more expanded functions under the supervision of a licensed dentist.

Dr. Kanellis has indicated that the University of Iowa College of Dentistry is willing to provide instruction in these areas. Dr. Kanellis expressed the opinion that, in some cases, he thinks that the community colleges could provide instruction as well. Dr. Kanellis, however, feels that the University of Iowa College of Dentistry may be better prepared to teach some of these services.

Dr. Kanellis indicated that there are approximately 40 pediatric dentists throughout the state, outside of the University of Iowa College of Dentistry, due in part, to the encouragement by the college of dentistry to practice in Iowa. Many of these dentists accept Title XIX in some fashion. Dr. Kanellis' data relates specifically to pediatric dentists, data, which may not apply equally to all licensees across the Board.

Mr. Carl indicated that Iowa has more dentists, as a percentage, accepting Medicaid than any other state in the nation. The problem is that most licensees cannot afford to take on more

patients under the current payment structure for Title XIX. Dr. Kanellis stated that Iowa's current infrastructure helps support this. Dr. Kanellis indicated that Illinois is considering dropping all adult Medicaid programs because they do not have the infrastructure and culture to support this.

Mr. Cope, IDHA, feels that this discussion is important to the discussion relating to access to care. As such, all interested parties should be a part of the discussion in order to better address this matter and try to find the best solutions to the current access to care problems. Mr. Cope feels that the discussion would best be served by focusing on the discussion of each proposal in order to best determine what services are reasonable and if they fit the need to meet the access to care.

Mr. Cope feels that it might be helpful to have the Dental Assistant Registration Committee review and research some of these issues more fully. A determination needs to be made as to whether these proposals meet the needs of licenses, registrants and the public at large. Mr. Cope suggested that a survey might be helpful in terms of determining the real need. Mr. Cope inquired as to the potential level of training would be required prior to be eligibility for training in some of these areas.

The IDHA recommended that the Dental Assistant Registration Committee review the tasks, which pertain to dental assistants, and the Dental Hygiene Committee review the tasks, which would pertain to dental hygienists. Mr. Cope stated that the IDHA is not seeking introduce mid-level providers in Iowa.

Dr. Kanellis stated that the practitioners have indicated that they do not want auxiliaries to take a lot of time away from the practice. These same practitioners have indicated that they would be willing to pay for the training since the practice would benefit from these additional services. Dr. Kanellis stated that these are tasks that can be taught to dental auxiliaries to the same level of care as required by dentists. Dr. Kanellis knows that some dentists may not opt to use these services; however, there are some practitioners, who would greatly benefit by the addition of these services to dental auxiliaries.

Ms. Cacioppo agreed with prior statements indicating that additional data should be gathered to better understand which services would be of benefit.

Dr. Kanellis stated that the term 'access to care' can be misleading. In some cases, money and programs are available; however, the services are not always being utilized. Dr. Kanellis provided some general information about programs in Johnson County and at the Des Moines Health Center suggesting that the services and programs available. Patients, however, are not fully making use of those services. Dr. Kanellis indicated that he could compile some data and forward it for review. Dr. Kanellis stated that expanded functions are a good option, in part, because the services can readily be implemented, or discontinued, subject to the demand for those services.

Ms. Cacioppo inquired as to the level of training and education, which would be required to satisfactorily perform these services. Dr. Kanellis explained that some of the education in dental school vastly exceeds what would be necessary for these tasks.

Dr. Rovner noted that corporate dentistry practices could see Iowa as a prime opportunity to take advantage of these systems. Dr. Kanellis agreed; however, he does not feel that this should halt the progress of these ideas and programs. Ultimately, all practitioners are held to a minimum standard of care. Ms. Cacioppo indicated that regulations could address a number of those concerns.

Dr. Curry is concerned about potential unseen problems that could come about as a result of these changes. Dr. Curry noted that several years ago there was a shortage of dental hygienists. There is now a surplus of dental hygienists following the addition of several dental hygiene programs. Dr. Curry wondered about how readily these services could legitimately be implemented in some of these offices.

Dr. Kanellis suggested that to be eligible that there would need to be some minimum practice requirements. Dr. Kanellis noted that, in some cases, new graduates may not be adequately prepared to provide this level of service. Dr. Kanellis reminded the Board and attendees that, ultimately, the dentist is responsible for the work coming out of the office.

Dr. Thies, Iowa Academy of General Dentistry (IAGD), has some concerns about access to care. Dr. Thies feels that the bigger issue is a funding and utilization problem. There are some concerns related to the educational process. Community colleges are more readily accessible for most of the state. The University of Iowa College of Dentistry would be ideal to provide training; however, the location limits the ability of some practitioners to participate in training provided by the college of dentistry.

Dr. Mariani shared information, which showed that the military has been allowing dental assistants to perform expanded functions for approximately 30 years. This is due to its increased efficiency. Dr. Mariani also stated that for most dentists, practicing is also a moral issue and that, in many ways, this would address some of the potential concerns regarding safety and protection. Dr. Mariani expressed her faith that the Iowa Dental Board will sufficiently address the issue of safety as it moves forward with this issue.

A member of the IDHA leadership expressed an interest in opening up these services beyond practice-based locations. For example, she would like consideration for sealants and fluoride varnishes within public health supervision.

Dr. Rovner stated that the Board would examine all options. Dr. Rovner stated that the Board may schedule a teleconference in the near future in order to establish the best way to move forward.

- The Board took a brief recess at 11:11 a.m.

- The Board resumed the meeting at 11:28 a.m.

D-9 DESIGNATION

Mr. McCollum provided an overview of the issues related to the D-9 program of which the Board has been made aware. In some cases, dental graduates were working at the University of Iowa College of Dentistry and the University of Iowa Hospitals and Clinics before a license was issued, while under the D-9 program designation.

Dr. Kanellis provided an overview of the D-9 program. The D-9 program allows some students, and in some cases, dental graduates, to work over the summer; however, they are not formally enrolled in the dental program. Dr. Kanellis stated that he was open to suggestions to better resolve this issue.

Mr. McCollum asked if the D-9 students, who had graduated, would go on to become residents. Dr. Kanellis indicated that this is often the case. Mr. McCollum and Ms. Braness recommended that these dental students submit their applications for license earlier in the spring so as to expedite issuance of those licenses immediately following graduation. Dr. Kanellis stated that he is aware of occasional issues related to the timely processing of licenses. Board staff indicated that they would be willing to coordinate and work with staff at the college of dentistry so as to expedite issuance of those licenses.

EXAMINATION ALTERNATIVES

Dean Johnsen thanked the Board for allowing the college of dentistry to have this opportunity to speak to the Board.

Dean Johnsen indicated that the University of Iowa College of Dentistry and the Board have shared interests in examining and licensing. Dean Johnsen, however, acknowledges that the Board has the final authority as it relates to these matters.

Dean Johnsen reported that innovation in education and dental practice are changing at increasing paces. The University of Iowa College of Dentistry tries to anticipate these needs and prepare their students to be able to face these challenges after graduation.

Some of the primary concerns of the University of Iowa College of Dentistry are dental knowledge and technical ability. Dean Johnsen also stated that critical thinking is also important.

Dean Johnsen reported that knowledge and technical items are easily tested and measured. The college of dentistry also feels that there are other areas, not so easily tested, which are critical to the practice of dentistry. The college of dentistry also uses peer review as a tool in teaching students.

Dean Johnsen wanted to discuss the issue of the use of human subjects as it relates to HIPAA and ethics. In the University setting, a faculty member takes responsibility for the work being

conducted by the student. The student also has a responsibility to seek out help when needed. In the examination environment, help cannot be sought until after the procedure is done.

The University of Iowa College of Dentistry has an institutional review board. Dean Johnsen questions if current methods of examination and other current measures of competency would stand up to an independent institutional review board. Dean Johnsen would like the Board to consider looking into this area.

There are also ethical concerns related to testing on human subjects. Dean Johnsen reported that there are now websites where "patients" offer their services to candidates of clinical examinations in exchange for payment. There are also a number of other concerns as they relate to clinical examination on human subjects. For example, Dean Johnsen is aware of a case where a patient was rejected at one examination location; however, that same patient was accepted at the second examination location. In some cases, students are using Craigslist to procure patients for clinical examinations.

Dean Johnsen made reference to a statement made in the last set of minutes referring to a 3% failure rate. Dean Johnsen would like some clarification as it relates to the University of Iowa College of Dentistry.

Dr. Kanellis referred to the Board's last meeting wherein it rejected the portfolio-style examinations. Based on Dr. Kanellis's reservations about the use of human test subjects, he would like to see the Board pursue alternatives to human subjects when it comes to testing.

Dr. Rovner asked Dr. Kanellis if there are limitations to non-human testing. Dr. Kanellis indicated that there are some limitations as it relates to calculus and caries. Dr. Kanellis pointed out, however, that radiographic evidence could be used to detect these problems on a non-human subject.

Dr. Kanellis also questioned some of the validity of the current test in so far as some students who did well in school failed portions of the clinical examination, whereas other students who did not do as well in school sometimes passed the clinical examination on the first attempt.

Dr. Kanellis did not suggest that CRDTS be abolished or removed from the options of examination; however, he would like to see alternatives to testing on human subjects. Dr. Kanellis gave the example of medical doctors, who perform no testing on human subjects. Dr. Kanellis feels that knowledge and technical proficiency can be measured without the use of humans.

Dr. Davidson, former IDA president, welcomed the opportunity to have this discussion. Dr. Davidson admitted that opinions vary on this matter. Dr. Davidson knows that dentists are analytical; however, he feels that there are times when practitioners need to step "outside of that box". Some of the dentist population is aging. Dr. Davidson fears that if Iowa starts to look unattractive to students, it may lead to a smaller population with which to replace retirees. Could the examination currently in place be construed as being a barrier or appear unattractive to potential practitioners in Iowa? Dr. Davidson would like the state of Iowa to be progressive in

this area while still maintaining the necessary standards of care and treatment. Progressive ideas may attract more practitioners. Dr. Davidson would like to pursue issues that would attract practitioners.

Dr. Holmes indicated he has seen this issue discussed over the last number of years. Dr. Holmes indicated that he has served as a CRDTS examiner for many years. Dr. Holmes feels that some of these criticisms are taken too personally, when they may not be intended as such.

Dr. Holmes stated that, in his opinion, the current CRDTS exam may not provide absolute protection to the public. Dr. Holmes would like work with the Board, and possibly the IDA, to find a better solution. Dr. Holmes understands there may be concerns with practitioners coming from out of state. Dr. Holmes expressed the opinion that the University of Iowa College of Dentistry graduates should not be held to the same standards as other dental graduates since it is one of the premiere colleges of dentistry in the United States of America.

Dr. Holmes feels that there are numerous versions of portfolio style examinations. Dr. Holmes agreed that not all portfolio-style examinations are acceptable.

Dr. Curry questioned the preference for non-human subjects given the interaction with live patients throughout a student's dental education. Dr. Kanellis responded by clarifying that there is a higher level of supervision as part of the education process as compared to the clinical examination.

Dr. Curry reported that Dr. Kuempel, current president of CRDTS, spoke to the Board yesterday and discussed the differences between the integrated and traditional examination formats. Dr. Curry asked the faculty members in attendance for their opinions on this.

Dr. Kanellis stated that the integrated format has improved the examination process. Dr. Kanellis stated that the current examination is not fool-proof, however.

Dr. Holmes stated that while he is a CRDTS examiner, he does not feel like the CRDTS examination is sufficient or adequate to address the full scope of practice of dentistry.

Ms. Slach asked Dr. Holmes to clarify what he thinks the CRDTS examination is meant to measure. Dean Johnsen responded by stating that it measures technical skill and technique, not other areas such as integrity and ethics. Dr. Holmes followed up by stating that the University of Iowa College of Dentistry will not graduate students who do not demonstrate competence.

Dr. Holmes indicated that college of dentistry is not necessarily opposed to third party testing as a way to address potential biases; however, he does not feel that CRDTS has sufficient validity as a measure of knowledge and competency.

Ms. Johnson asked for some specific instances of alternative examination options. Dr. Kanellis suggested that there are some portfolio-style examinations, which appear to have a greater level of validity, as well as a PG-1 program. Dr. Kanellis would also favor a temporary license with some means of oversight prior to obtaining a permanent license. Again, Dr. Kanellis

recommended some discussion with the Iowa Board of Medicine to determine what is required for medical doctors. Dr. Kanellis reported that dentistry is one of the only remaining professions where examinations are conducted on human patients.

Ms. Weeg said that, nationally, there is a trend to add a clinical examination. Ms. Weeg added that the clinical examinations are conducted on simulated patients. Dr. Kanellis welcomed this option since his primary concern is the use of human subjects. A single "high-stakes" examination is not without its problems. Ideally, CRDTS would develop an examination, which did not use humans as its test subjects.

Dr. Rovner asked how many of the graduating class from out of state. Dr. Kanellis and Dean Johnsen estimated that approximately 25% of the current class is from outside of Iowa. Dr. Rovner raised the question as to whether alternative testing methods would change the ratio of local to out-of-state students.

Ms. Weeg asked if there has been some discussion with the testing agencies as far as making arrangements for patients being made available on the date(s) of examination. Dr. Kanellis stated that this is not a valid option. The dental college also has some responsibility in this area.

Dr. Davidson reiterated his support of the use of non-human test subjects.

Ms. Weeg acknowledged the progression of change with the testing from individual state examinations to regional examination groups. Ms. Weeg indicated that this has been a positive change with the resources to better demonstrate liability, responsibility and validity. Ms. Weeg reported that for medical doctors there is only a national examination. (To date, dentistry has been unsuccessful in attempts to create a truly national examination.)

Dr. Bradley expressed some concerns about the alternative proposals, specifically as they relate to effectively testing for calculus and caries.

Dr. Curry stated that he understands the concerns and problems related to finding patients for clinical examinations. Dr. Kanellis also indicated that there is some ethical concerns in this area as well. Dr. Kanellis pointed out that the University of Iowa College of Dentistry's HIPAA director has stated that the school can no longer reference the school's patient base since the student is not the primary provider of care.

Dr. Rovner thanked everyone for participating. Dr. Rovner hopes to schedule a teleconference in the future to further address some of these concerns.

Dean Johnsen again thanked the Board for their time and consideration.

OPEN SESSION

OPEN SESSION ACTION ON CLOSED SESSION AGENDA ITEMS

- *In the Matter of Rhonda R. Thomasson, R.D.A. (#12-016) – Consideration of Combined Statement of Charges, Settlement Agreement and Final Order*

❖ MOVED by CURRY, SECONDED by KELLY, to accept the proposed combined Statement of Charges, Settlement Agreement and Final Order concerning this matter. Motion APPROVED unanimously.

- *In the Matter of Angel J. King, D.D.S. (#12-058) – Consideration of Combined Statement of Charges, Settlement Agreement and Final Order*

❖ MOVED by CURRY, SECONDED by KELLY, to accept the proposed combined Statement of Charges, Settlement Agreement and Final Order concerning this matter. Motion APPROVED unanimously.

- *In the Matter of Masih Safabakhsh, D.D.S. (#09-211)(#10-059)(#10-101)(#11-031)(#11-127)(#11-142)(#12-068) – Consideration of Statement of Charges and Notice of Hearing*

❖ MOVED by CURRY, SECONDED by MEIER, to accept the proposed Statement of Charges and Notice of Hearing concerning this matter. Dr. Bradley abstained from voting on this matter. Motion APPROVED.

- *In the Matter of Dennis M. Schuller, D.D.S.(#09-151) – Consideration of Reinstatement Order*

❖ MOVED by KELLY, SECONDED by MEIER, to accept the reinstatement order as drafted. Motion APPROVED unanimously.

- *In the Matter of James A. Knight, D.D.S. (#11-048) – Consideration of Reinstatement Order*

❖ MOVED by KELLY, SECONDED by MEIER, to accept the reinstatement order as drafted. Motion APPROVED unanimously.

HEARING DATES

Hearings for pending matters are as follows.

- Masih Safabakhsh, D.D.S. – August 16-17, 2012 (8:30 start)
- Joshua Brower, D.D.S. – November 29-30, 2012 (8:30 start)
- Robert Benson, D.D.S. – October 26, 2012 in conjunction with the quarterly Board meeting

- Amy DeVries, R.D.H. – October 26, 2012 in conjunction with the quarterly Board meeting

TELECONFERENCE
Ms. Johnson asked for preferences regarding days of the week to hold a teleconference prior to the next quarterly meeting of the Board. Board members indicated that end of the week is preferable.

NEXT MEETING OF THE BOARD

The next meeting of the Board is scheduled for October 25-26, 2012, in Des Moines, Iowa.

ADJOURNMENT

- MOVED by BRADLEY, SECONDED by FULLER, to adjourn the meeting of the Board. Motion APPROVED unanimously.

Chairman Rovner adjourned the meeting at 12:39 p.m. on July 13, 2012.

Respectfully submitted,

Melanie Johnson

Melanie Johnson, J.D.
Executive Director

MJ/cb