DENTAL HYGIENE COMMITEE

OPEN SESSION MINUTES
October 17, 2014
Conference Room
400 S.W. 8th St., Suite D
Des Moines, Iowa

Committee Members	**October 17, 2014**
Mary C. Kelly, R.D.H.	Present
Nancy A. Slach, R.D.H.	Present
Matthew J. McCullough, D.D.S.*	Present

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

Attorney General's Office
Sara Scott, Assistant Attorney General

*Dr. McCullough participated by phone for portions of the meeting.

I. CALL TO ORDER FOR OCTOBER 17, 2014

Ms. Kelly called the meeting of the Dental Hygiene Committee to order at 10:02 a.m. on Friday, October 17, 2014. A quorum was established with two members present.

Roll Call:

Member	Kelly	Slach	McCullough
Present	x	x	
Absent			x

II. 1st 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

- *July 31, 2014 – Quarterly Meeting Minutes*

❖ MOVED by SLACH, SECONDED by KELLY, to APPROVE the minutes as submitted. Motion APPROVED unanimously.

Ms. Braness reported a correction that needed to be made to the July 2014 quarterly minutes. While preparing for the meeting earlier that morning, Ms. Braness noticed that the draft, which was submitted for review indicated that all members were present when the quorum was established. Although the minutes reflect Dr. McCullough's presence and participation later in the meeting, he had not been present when roll was taken. Therefore, the minutes should be updated to reflect that the quorum was established with two members present.

IV. LEGAL REPORT

Ms. Scott had nothing to report.

V. 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 current draft of the proposed rules allow the dentist to bear the responsibility for assigning tasks and providing supervision. Ms. Kelly stated that the level 1 expanded functions, which are currently listed in the proposed draft of Iowa Administrative Code 650—23.3(2), are duties, which fall within the current scope of practice of dental hygienists. These duties would be allowed under general supervision. To change the supervision level would be a step backwards. Ms. Kelly stated that this language should remain as currently written to avoid conflict with the current scope of practice for dental hygienists. General supervision requires a dentist to prescribe the services to be performed.

Ms. Slach asked about Dr. Thies' comments regarding supervision levels. Dr. Thies' comments were submitted in response to the current draft of proposed rules. Specifically, Ms. Slach wanted clarification about whether Dr. Thies' comments pertained to level 2 expanded functions. Ms. Kelly believed that Dr. Thies was referring to the proposed level 1 expanded functions based on the tasks, which he referenced in his comments. Ms. Slach stated that the proposed level 2 duties should require direct supervision based on the nature of the services. For example, the placement of a restoration would require the presence of the dentist. Ms. Slach did not want to regress the supervision level for the level 1 tasks since they fall within the current scope of practice.

Ms. Kelly reiterated that the dentist would be required to prescribe these services to be provided. For example, if the proposed changes went into effect, and a dentist prescribed a desensitizing agent in the patient record, the patient is later recalled for a cleaning in three months, and the record shows that an examination is not required, a dental hygienist could not apply a fluoride treatment

or desensitizing agent if the dentist was not present in the facility. Ms. Kelly believed that it would be best to continue to allow these duties to be completed under general supervision.

Ms. Slach agreed with Dr. Thies' support of the recommendation concerning the requirement of training in all of level 1 functions prior to completing training in level 2.

Ms. Kelly asked for clarification regarding level 1 tasks and what would be required or expected for those who only wish to perform level 1 expanded functions. Ms. Braness stated that the intention was to require training in all level 1 duties only for those intending to train in level 2. Those practitioners, who did not intend to train in level 2 expanded functions, could still pick and choose which level 1 expanded functions in which they wanted to train.

Ms. Slach felt that it might be clearer if the rules would require training in all level 1 expanded functions as opposed to the a la carte option. Ms. Braness stated that Mr. McCollum could comment on this issue further if necessary, however, she believed that the intent was to minimize the problems posed to the current dental assistants who perform these expanded functions. Ms. Slach asked if there would be a way to grandfather these dental assistants based on their current training. Ms. Braness stated that because a permit or other form of registration is not currently required for expanded functions, she was not certain how easily this could be tracked or accomplished.

Ms. Kelly asked Ms. Slach to clarify her position. Ms. Slach thought it would simplify things to require training in all of level 1 tasks for those who wish to perform level 1 tasks; and require training in all of level 2 tasks for this who wish to perform those duties. This would allow for two straightforward categories of expanded functions. Auxiliary would not be required to perform all of the services; however, it would provide a broader base of knowledge.

Ms. Scott stated that the proposed rules would allow for those two categories of certification in expanded functions, in addition to a third category. Mr. McCollum stated that the proposed rules would essentially allow for three levels of expanded functions: 'basic' would include practitioners who could pick and choose from level 1 functions; 'level 1 certified' would include those who completed training in all of level 1 expanded functions; and 'level 2 certified' would include those who had completed training in all level 1 and level 2 expanded functions. Some dentists in rural Iowa may have no need to train their auxiliary in more than one or two expanded functions. The expense and education to complete training in all level 1 duties could be potentially burdensome.

Ms. Slach stated that she thought the first seven duties were pretty simple.

Ms. Kelly clarified again the proposed levels of expanded functions training. Ms. Kelly was satisfied with that proposal. Ms. Scott reported that the reference to the basic level was referenced in the proposed language in Iowa Administrative Code 650-23.5(1). Mr. McCollum reported that this was added in one of the more recent drafts. The Iowa Dental Association requested the basic level be added in consideration of the rural practitioners whose need for expanded functions auxiliary may not be as great.

Ms. Slach asked about Dr. Thies' comments regarding denture relines. Mr. McCollum believed that Dr. Thies intended to better clarify what services would be allowed. Dr. Thies felt that other language might better describe the service, which would be performed. Mr. McCollum obtained the original language from Dr. Kanellis, who chaired the original expanded functions task force. The Dental Assistant Registration Committee agreed that Dr. Thies' proposed language might be clearer. Dr. Bradley suggested changing the language to "tissue conditioning" as a way to better define the service. A soft tissue reline is similar, but would be permanent. Ms. Kelly stated that she and Dr. Bradley served on the original expanded functions task force and agreed that this language would better describe the intended function. Ms. Kelly stated that the committee would recommend this change to the Board. Dr. Bradley confirmed that this procedure would be reversible if necessary

Ms. Slach asked for clarification about Dr. Thies' recommendation to require one year of clinical practice for dental hygienists prior to training in expanded functions.

- Dr. McCullough joined the meeting at 10:16 a.m.

Ms. Kelly provided a brief overview of what the committee discussed thus far to bring Dr. McCullough up to date. Dr. McCullough agreed with the proposed change to reference tissue conditioning.

Ms. Kelly came back to the recommendation for a one-year clinical practice requirement for dental hygienists to train in expanded functions. Ms. Kelly thinks that this should not be required of dental hygienists since some of these tasks fall under the current scope of practice. A change could cause the rules to come into conflict. Mr. Cope asked if this proposal was in the current draft, or if this was imply a recommendation made by Dr. Thies in his comments. Ms. Braness confirmed that this was simply a recommendation made Dr. Thies by way of comments to the proposed changes.

Ms. Slach asked for clarification regarding the current requirements for dental assistants to train in expanded functions. Ms. Braness reported that dental assistants must have two years of clinical experience as a registered dental assistant, or equivalent experience in a state that does not require registration, or the dental assistant must hold a DANB certification.

Ms. Slach inquired if the two years of experience was proposed in the draft rules. Ms. Braness reported that the two-year clinical practice requirement is a current requirement for dental assistants who wish to train in expanded functions. The Board received requests asking that the clinical practice requirement either be removed or changed to one year. The proposed draft would require one year of clinical practice as a compromise.

Ms. Kelly stated that one of the comments referenced the clinical practice requirement for dental assistants. Ms. Hanson's comments suggested two years would be more reasonable since trainee status may apply towards the clinical practice requirement. Ms. Braness stated that the rules would require clinical experience as a registered dental assistant; therefore, trainee status would not count.

Ms. Slach was comfortable with the recommendation for a minimum of one year of clinical practice for registered dental assistants; however, she disagreed with the proposal to require this of dental hygienists since dental hygienists' education is longer, and they generally have more clinical experience. Ms. Kelly again stated that since some of these tasks fall within the current scope of practice that this should be unnecessary.

Dr. McCullough stated that the one-year clinical practice requirement for dental assistants was a good compromise.

Ms. Slach noted that the proposed language would allow dental assistants, who are graduates of an ADA-accredited program to train in expanded functions. Therefore, the same should apply to dental hygienists. Ms. Braness stated that, as she recalled, the reason for Dr. Thies' comments related to the educational background of a dental hygienist versus a dental assistant. It is unclear that training in some of these areas is equal to that provided in accredited dental assistant programs. The focus of the education between the two professions may be different. Dr. McCullough asked about the degree to which some of this training is providing in dental hygiene programs.

Ms. Slach again stated that some of these duties were already a part of the current scope of practice for dental hygienists.

Ms. Kelly reported there was some inconsistency among the hygiene programs in regards to the expanded functions training provided. Dental hygienists would still be required to demonstrate training and some of this is addressed in the definitions and proposed rules. Board rules require education and training to perform services.

Mr. McCollum believed that, over time, some of the differences between the hygiene programs in regards to expanded functions training will level out. Though, some of the hygiene programs have indicated that there is some concern as to whether there would be sufficient time to address all of the expanded functions training within the timeframe of the dental hygiene program.

Mr. Cope asked what the effects would be of adopting this rule as is currently drafted, particularly as it related to the level 1 duties that currently fall within the scope of practice. If changes are implemented in regards to education and supervision requirements, there may be unforeseen consequences.

Mr. Cope stated that this may set a new precedent in policy. If so, they would expect application of that policy to all dental practitioners, including dentists. Mr. Cope stated that the requirements for dental hygienists and dental assistants should be addressed separately since current dental hygienists could be adversely affected by the implementation of the proposed rules in regards to the level 1 tasks.

Dr. Bradley stated that there is still some question about the level training in the area of expanded functions provided in dental hygiene schools. Some dental hygienists may have received training and may not. If training is not provided in school, dental hygienists should be asked to complete additional training. Mr. Cope said that this would be a drastic shift in policy. Dr. Bradley stated that the intent is to protect the public. Mr. Cope asked what evidence there was that these services

pose a threat to the public. Mr. Cope stated that he is not aware of any current risks to the public. Mr. Cope did not believe that the Board wants to create a regulatory burden; however, this may inadvertently cause one. Today, a dental hygienist could provide a service without having to prove training. If these changes went into effect that would not be the case.

Ms. Kelly stated that is why she hoped to have an allowance whereby dentists could sign off on competency, particularly for graduates of programs that no longer exist. Ms. Kelly wondered if it would be possible to provide some exceptions to documenting clinical competency to the proposed requirements.

Ms. Slach stated that if the rules were to go into effect, hygienists would be required to demonstrate clinical competency, which isn't required currently. Ms. Slach felt that there is a double standard being created where dental hygienists are being held to a higher training standard than dentists.

Mr. Cope agreed with Ms. Slach. Mr. Cope believed that this could be solved by allowing dentists to determine whether dental hygienists are competent to perform the level 1 tasks. Mr. Cope agreed that additional training and education may be appropriate for the level 2 tasks since they are not tasks, which fall within the current scope of practice. However, to require this of level 1 would be inconsistent with current requirements.

Ms. Veenstra stated that there may be a few dental hygienists who have performed some of these tasks; however, she believed that there are not many who have performed these procedures clinically. Ms. Veenstra recommended keeping the requirement regarding training as a way to protect the public. Ms. Veenstra did not believe that it should be difficult for dental hygienists to document training. Ms. Veenstra stated, however, that the Board may want to consider exceptions. For example, dental hygienists who currently perform these procedures could be grandfathered.

Dr. McCullough stated that there needs to be a way to address the current dental hygienists who are performing these procedures even if it is a matter of having the dentist(s) sign off on competency. Dr. McCullough does not want to create an unnecessary burden. For new dental hygienists, it may make sense to require additional training.

Mr. McCollum stated that an option would be to allow dentists to sign off on level 1 tasks verifying that those duties have been performed for a minimum period of time, or to a certain level of competency. Mr. Cope feels that this suggestion is headed in the right direction; though, he would like to see draft language prior to moving forward. Mr. McCollum stated that the dentist would not need to submit anything to the Board, but keep a file documenting the training and experience at the dental office. This information would only need to be submitted upon request. Mr. McCollum understood that a burden could be created if there is not some method of accounting for current experience and performance. Unfortunately, administrative rules are sometimes written to address problems associated with a minority.

Ms. Scott stated that Mr. McCollum made a good point. The idea is that if there should be a problem, that this would provide some notice of the Board's expectations. The Board would not require that licensees submit proof except upon request. Again, it is a way for the Board to state their expectations.

Mr. Sedars stated that this is similar to the expectations of dentists who perform specialty procedures. The Board would only ask for proof of education and training as necessary.

Ms. Slach stated that the changes should not be drafted into a single, new chapter for dental auxiliaries. Ms. Slach stated that expanded functions requirements should be addressed in each of the respective administrative code chapters. Ms. Slach thought it may be more confusing to have scopes of practice addressed in more than one chapter.

Ms. Kelly indicated that Mr. McCollum's suggestion addressed the Iowa Dental Hygienists' Association's concerns.

Mr. McCollum stated that he did not have a problem moving the language to the respective chapters; however, it may be a bit complicated to implement the proposals than it may first appear. The rules need to be as clear as possible. Mr. McCollum agreed that the language regarding duties, scope of practice and supervision needs to be updated.

Ms. Kelly proposed moving the language from the proposed 23.3(2) to chapter 10 to the scope of practice for a dental hygienist. Ms. Slach stated that she had started a similar draft to that effect that she prepared for the meeting since some of this was confusing to her. Mr. McCollum stated that bits and pieces of chapter 23 will need to be pulled into chapter 10.

Mr. Cope agreed with Ms. Slach with respect to addressing the scopes of practice in separate chapters. Mr. Cope did not believe that this was the time to clean up other issues within the administrative code. Mr. McCollum stated that this was why he proposed putting all of the expanded functions rules in its own chapter.

Mr. McCollum stated that nothing is gained by implementing rules that are unclear and subject to interpretation. Mr. Cope said that misunderstandings are likely to happen regardless of the language used.

Ms. Slach believed that removing level 1 duties from the dental hygiene scope of practice and making them expanded functions does not make sense. Adding level 2 duties is appropriate. Ms. Slach recommended that the minimum score for the post-course competency examination be 75%. When talking about dental assistants from out of state, they would need to pass the state's radiography exam. Ms. Braness and Mr. McCollum clarified that DANB examinations in radiography and infection control are also accepted in lieu of the state's exams.

Ms. Slach believed that the definition of a dental assistant in chapter 20 should not include an exception regarding dental hygienists. Ms. Slach felt that this may cause confusion regarding the performance of level 2 functions by dental hygienists. Mr. McCollum stated that he did not understand the confusion. Ms. Slach stated that there is an exception to dental hygienists performing work as a dental assistant. Mr. McCollum stated that the definition simply removed the requirement for a separate registration for dental hygienists or licensed nurses to perform those duties. Ms. Slach indicated that she had not understood that upon initially reading the definition. Ms. Slach was satisfied with the explanation, and no longer requested the change.

Ms. Kelly provided an overview of the changes. The committee is recommending approval of the proposed rules with the following changes:

- Change the language from denture reline to tissue conditioning;
- Allow dentist to sign off on level 1 training; and
- Move the expanded functions changes into chapters 10 and 20 as opposed to a single chapter.

Mr. McCollum asked for clarification on one chapter or two. Ms. Braness stated that they want the language in two separate chapters.

❖ MOVED by SLACH, SECONDED by KELLY, to recommend approval with the following changes: change the language regarding denture relining (level 2 #5) to "tissue conditioning"; allow the dentists to sign off on training for dental hygienists for level 1 duties; and to move the respective expanded functions language to chapters 10 and 20 for each profession respectively, and require a minimum competency score of 75% for the post-course competency examination.

Ms. Kelly suggested that it may be better to reference "competency" as opposed to training.

Ms. Slach asked for clarification of the motion. Ms. Braness provided a summary of the motion. Ms. Slach asked that the motion be amended to require a minimum score of 75% on the post-course competency examination.

Mr. Cope noted that if level 1 duties are moved to chapters 10 and 20, there may be no need to reference level 1 since those items currently fall within the scope of practice. It would be a matter of adding level 2. Ms. Slach stated that level 1 should not require a dentist to sign off on the clinical competency since these duties fall within the current scope of practice. Ms. Kelly clarified that level 1 would still exist for dental assistants.

Mr. McCollum stated that he will draft the rules per the Board's direction. Mr. Cope again recommended eliminating level 1 for dental hygienists as this is within the current scope of practice, and to add level 2 duties. Ms. Slach wanted to ensure that there was a post-course competency examination. Mr. Cope stated that the proposed language would address this.

Ms. Slach reiterated that the level 1 duties would no longer need to be addressed since those duties are currently allowed under general supervision for dental hygienists. Mr. McCollum stated that the current supervision level is less clear since the rules specifically address the duties allowed under general supervision. Mr. Cope stated that the supervision level is not an expanded functions issue. Mr. Cope felt that that was a completely separate issue and should not hold up the expanded functions rules. Mr. Cope did not believe that this needed to be addressed at this time. Ms. Slach stated that changing the level of supervision requirements of level 1 duties could cause problems for some practices.

Ms. Veenstra asked for clarification that a dental hygienist could perform these functions without training. Ms. Kelly stated that training must occur. Ms. Veenstra asked if the training would be

provided by the dentist. Ms. Kelly stated that it may vary. Mr. McCollum added that there would be a provision for those dental hygienists who did not receive training in school to have the dentist sign off on competency. Mr. Cope stated that since those duties fall within the scope of practice that it shouldn't be necessary to have a dentist verify competency since there would no longer be level 1 expanded functions for dental hygienists.

Ms. Slach stated that all of those tasks are similar to other duties in which dental hygienists have received training, and that there are close equivalents for dentists who may not receive training in every aspect of dentistry.

Ms. Jane Slach asked to address items #2, #4 and #5 since those items should require the presence of a dentist to perform those procedures. From that standpoint, Ms. Jane Slach felt like direct supervision would more appropriate, whereas the rest of the tasks could more readily be done under general supervision. Going forward, the educators are considering ongoing training requirements.

Ms. Braness provided an overview of the amended motion, to recommend approval of the rules as drafted with the following changes:

- Change language of denture reline to tissue conditioning;
- Eliminate level 1 items for dental hygienists;
- Move the language to chapters 10 and 20 respectively; and
- And require a minimal post-course competency examination score of 75%.

❖ The vote was taken. Motion APPROVED unanimously.

➢ It was noted during the vote that Dr. McCullough was no longer on the call.
➢ Dr. McCullough rejoined the meeting.

VI. OTHER BUSINESS

<u>REQUEST TO BE NOMINATED AS A CRDTS EXAMINER</u>

Dr. Bradley reported that he tried to check with CRDTS regarding the need for another dental hygiene examiner. As of the morning of the meeting, Dr. Bradley had not heard back. Ms. Kelly reported the same thing. Ms. Kelly reported that she has been approached by several others for opportunities to serve as examiners.

The committee wondered if requirements should be established in regards to criteria to serve as an examiner. Dr. Bradley stated that it would be good to see what CRDTS required. Ms. Kelly stated that, to date, the candidates have met those requirements.

Ms. Kelly recommended waiting to appoint examiners until CRDTS asked for nominations. Ms. Slach stated that staff can hold requests until such time as a request is received from CRDTS.

- MOVED by KELLY, SECONDED by SLACH, to inform the Ms. Springer of the policy to wait until CRDTS requests nominations for examiners; and that her request will be held on file. Motion APPROVED unanimously.

REQUEST TO INCLUDE CORRECTIONAL FACILITIES IN PUBLIC HEALTH SUPERVISION LOCATIONS

Ms. Kelly believed that correctional facilities could be considered an approved public health supervision location.

Mr. Sedars reported that he had spoken with the dental hygienist, Becky McCarl, R.D.H., who submitted the request. Mr. Sedars suggested that Ms. McCarl submit the request to get clarification on what may or may not be allowed. Mr. Sedars stated there are additional considerations to take into account, unlike other locations, with inmates being screened. This puts the dental hygienists in a tough situation as the dentist is not always available to perform examinations.

Mr. McCollum asked Ms. Scott for her opinion on this matter. Mr. McCollum did not believe that correctional facilities should be considered a public health setting. Ms. Scott stated that the rule may need to be changed to reflect whether or not correctional facilities should be allowed.

Mr. Cope asked for clarification about what a state public health program was. Ms. Slach read the list of approved public health settings as stipulated in Iowa Administrative Code 650—11.5(1). Public health supervision is currently limited to *"schools; Head Start programs; programs affiliated with the early childhood Iowa (ECI) initiative authorized by Iowa Code chapter 256I; child care centers (excluding home-based child care centers); federally qualified health centers; public health dental vans; free clinics; nonprofit community health centers; nursing facilities; and federal, state, or local public health programs."* Mr. Cope stated that the program being offered could be considered a state public health program. If not, Mr. Cope what programs would be considered a stated-operated public health program.

Ms. Kelly asked Dr. Russell for clarification as to what would be considered public health programs since he works at the Iowa Department of Public Health. Dr. Russell stated that a public health program is not a location so much as it is a function that provides health to the population. The inmates could be considered a population.

Dr. Bradley and Mr. McCollum both reported hearing from some prison dentists, who are reluctant to provide this level of supervision. In spite of the reluctance by the prison dentists to provide supervision, it appears that the prison system is in support of this idea. The prison system may lose some dentists over this issue; however, that is not the issue for consideration by the Dental Hygiene Committee or the Board.

Mr. Cope stated that dental hygienists would be required to enter into a public health supervision agreements with licensed dentists prior to providing these services; therefore, the matter of protection to the public would be addressed. Ms. Kelly noted that dentists would not be compelled to enter into these agreements if they chose not to do so. Ms. Kelly reported that Ms. McCarl has located a dentist, who would be willing to enter into a public health supervision agreement with her.

Dr. Bradley asked for clarification if the dental hygienists would need to enter into public health supervision agreements with dentists who work in the prison system. Ms. Kelly stated that the current public health supervision rules would allow any licensed dentist to enter into these agreements. Dr. Bradley expressed some disagreement with this since most dentists may not be familiar with the environment within the correctional facilities. Dr. Bradley stated that he is not opposed to the request, but would prefer that the dentists working within the prison system provide the supervision for these services.

There was some discussion about the current model for public health supervision. Currently, the supervising dentists are not obligated to examine or treat these patients. Mr. Cope reported that data supports positive outcomes with the current model.

Ms. Kelly stated that the main question is whether to consider correctional facilities state public health programs. Ms. Kelly believed that prison systems qualify, particularly if public health programs are deemed a function, as opposed to a location as Dr. Russell stated.

Ms. Scott indicated that some of the terms are not clearly defined, which makes it difficult to give a concise response. This issue arose the previous year when the question as to whether or not day cares would be covered. Ms. Scott stated that her initial interpretation was to not include correctional facilities within public health programs.

Mr. McCollum stated that the Board can seek rule changes to specifically list correctional facilities in the rule. Mr. McCollum did not believe that there would be resistance to this addition. Mr. McCollum stated that a number of the dental hygiene programs bring students into some of the correctional facilities. A rule change would make the rules clearer. Mr. Cope stated that the challenge becomes the creation of a lengthy list that would need to be updated for each potential population that might be covered. Mr. Cope believed that a recommendation clarifying the interpretation would create a written record documenting this.

Ms. Slach stated that a screening could be provided in consultation with a dentist and referred for additional treatment as needed. Mr. McCollum asked if the committee needed to consider whether the access to prison populations could pose a problem in terms of referral for further treatment. Ms. Kelly stated that since the supervising dentist is not obligated to examine or treat these patients that it should not be an issue.

Ms. Kelly stated that the current rules have a provision for state public health programs. If public health is a function, not a location as suggested, Ms. Kelly believed that correctional facilities should be included as a state public health program.

Ms. Slach asked for clarification about what was necessary to address this request. Ms. Slach was not certain if Ms. McCarl was asking for clarification or a declaratory ruling. Ms. Scott stated that this is a question as to whether this is allowed under the current rule. If it is not allowed under the current rule, rulemaking would need to be initiated to allow this.

- MOVED by SLACH, SECONDED by KELLY, to indicate in the minutes that the Dental Hygiene Committee has interpreted *"federal, state, or local public health programs"* to include correctional facilities. Motion APPROVED unanimously.

SUPERVISION REQUIREMENTS IN SEALANT PROGRAMS

Ms. Kelly reported that she has received questions about these programs. This discussion is intended to provide clarification about what is allowed by rule.

Ms. Kelly provided an overview of the current supervision levels to provide some clarification. In sealant programs where a dentist examines the patients and prescribes services to be completed, work is provided under general or direct supervision. If the dentist remains onsite while the service are provided, the services are provided under direct supervision. If the dentist prescribes the services and leaves, the services are provided under general supervision. Dental hygienists and dental assistants are allowed to provide a number of services under general and direct supervision.

If a dental hygienist is providing sealants under a public health supervision agreement, pursuant to the current rules, a dental assistant would be prohibited from working in conjunction with the dental hygienist to provide services. Dental assistants can only provide services under the direct or general supervision of a dentist. There is no provision to allow dental assistants to provide any services under public health supervision. Currently, the only way in which dental assistants can assist with sealants is under direct or general supervision.

Ms. Slach recommended that a change be made to update the rules to allow dental assistants to provide some services under public health supervision.

Ms. Kelly agreed. Ms. Kelly indicated that she heard the Dental Assistant Registration Committee did not recommend support of the request to allow dental assistants to work under public health supervision. Ms. Braness reported that the recommendation from the Dental Assistant Registration Committee was a bit more complex. Ms. Braness reported that the committee members understood that there is a need to allow greater assistance in this area; however, the committee members have concerns about the administration of the public health supervision program under the current rules. Without clear and concise rules, the committee has concerns about unanticipated problems that may arise as a result of further misunderstanding about the public health supervision program. Mr. McCollum reported that the committee believed that the intention is good; however, the proposal could be problematic unless the roles are very clearly defined.

Ms. Slach recommended including a list of allowed tasks, similar to the list of allowed expanded functions. The proposed tasks could include such things as charting, paperwork, disinfection and suctioning.

Ms. Kelly agreed that there are concerns, which need to be reviewed and addressed prior to implementation of further rules. For example, the rules would need to clarify under what level of supervision the services could be provided prior to providing services. Ms. Kelly was pleased to hear that the Dental Assistant Registration Committee may provide support should certain concerns be addressed.

Mr. McCollum reported that his understanding of the Dental Assistant Registration Committee's recommendation was they indicated that the public health supervision rules, overall, would need to be reviewed and updated prior to offering their support of the request. The roles of the dental hygienists in public health supervision need to be better defined prior to the inclusion of dental assistants into that program. Mr. Cope stated that the Iowa Dental Hygienists' Association would welcome the opportunity to review proposed changes to the program.

Ms. Kelly asked if the Dental Hygiene Committee could make this recommendation to the full Board. Ms. Braness and Mr. McCollum clarified that the Dental Hygiene Committee could offer this as a suggestion to the Board since the Dental Hygiene Committee's authority does not extend to dental assistants. The Board has the ultimate authority regarding issues related to the scopes of practice for dental assistants.

Ms. Slach inquired as to whether the Dental Assistant Registration Committee would provide some direction to the Dental Hygiene Committee as to what they would like to see modified as it related to public health supervision. Mr. McCollum stated that they had not offered direction since they understand that the Dental Assistant Registration Committee does not have jurisdiction over dental hygiene-related matters. Ms. Kelly stated that this was likely a matter for the full Board to consider. Ms. Braness stated that this is probably the main reason for not having offered any further recommendation or clarification. Mr. McCollum agreed.

Ms. Kelly asked Ms. Slach if she would want to bring this matter up for discussion as a member of the Board at the full Board meeting. Ms. Braness reiterated that a suggestion can be made to the Board; however, the Board has the authority to make a final decision.

Ms. Kelly and Ms. Slach stated that since this issue affects dental hygienists, the Board should consider rule changes. Mr. McCollum stated that the Dental Hygiene Committee made this recommendation at the last meeting. The Board referred this to the Dental Assistant Registration Committee for review and consideration. At this time, the Board will need to determine how to proceed. The committee will suggest that the Board move forward on this issue.

VII. APPLICATIONS FOR LICENSURE & OTHER REQUESTS

- *Sara Skattebo, R.D.H.*

This application will be discussed in closed session.

X. 2nd OPPORTUNITY FOR PUBLIC COMMENT

Ms. Kelly allowed the opportunity for public comment.

Dr. Russell, IDPH, stated that they have done a lot of work with public health supervision over the years. It has been an important part of elevating the I-SMILE and dental sealant programs. Dr. Russell is cautious about offering their support for changes to the scope of practice for dental hygienists and public health supervision. Dr. Russell expressed his concerns related to potential

changes. The ADA and other research papers have indicated that four-handed dentistry is far safer, and it is easier to place sealants in an effective, dry environment.

Dr. Russell expressed his support for allowing dental assistants to work in public health settings. Dr. Russell reported that what he has heard from the field. Agencies have not necessarily been looking at having dental assistants work under public health supervision agreements. Rather, they were entering into MOUs with dentists to allow dental assistants to help under general supervision. Dr. Russell stated that what he heard today suggested that general supervision only works if the dentist has prior-examined all of the patients in a public health setting and prescribed the services. Mr. McCollum confirmed that the rules required direct or general supervision of dental assistants. General supervision requires the dentist to have first examined the patient and prescribed services to be provided. Dental assistants are not currently allowed to work under public health supervision. Dr. Russell stated that this could have a negative impact on four-handed dentistry. Ms. Kelly asked Dr. Russell to share those comments at the meeting of the Board.

Mr. Cope indicated that he was pleased with the direction of committee in relation to expanded functions. The proposals didn't go as far as he'd prefer; however, he felt that it was a step in the right direction.

- The Dental Hygiene Committee took a recess at 11:17 a.m.

- The Dental Hygiene Committee resumed the meeting at 5:16 p.m.

VIII. CLOSED SESSION

- MOVED by KELLY, SECONDED by SLACH, 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:

Member	Kelly	Slach	McCullough
Yes	x	x	
No			
Absent			x

Motion APPROVED by ROLL CALL.

- The Dental Hygiene Committee convened in closed session at 5:16 p.m.

IX. IX. RECONVENE IN OPEN SESSION

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

- The Dental Hygiene Committee reconvened in open session at 5:26 pm.

Ms. Kelly asked that the open session minutes from the July 2014 meeting be amended as proposed by Ms. Slach. The minutes should reflect that while Dr. Bradley thought that it was the Iowa Dental Hygienists' Association that proposed the distinction between the scopes of practices between dental hygienists and dental assistants, Ms. Cacioppo reported that it was actually the Iowa Dental Assistants Association that proposed the distinction.

- MOVED by KELLY, SECONDED by SLACH to approve the amendments to the minutes as noted. Motion APPROVED unanimously.

X. ACTION ON CLOSED SESSION ITEMS

- MOVED by KELLY, SECONDED by SLACH to approve the closed session minutes as submitted. Motion APPROVED unanimously.

- MOVED by KELLY, SECONDED by SLACH to approve the application for Ms. Skattebo. Motion APPROVED unanimously.

- MOVED by KELLY, SECONDED by SLACH to APPROVE the Statement of Charges, Settlement Agreement, and Final Order (combined) in the Matter of Lisa A. Kennedy, R.D.H., file number #13-0001. Motion APPROVED unanimously.

- MOVED by KELLY, SECONDED by SLACH to APPROVE the Statement of Charges, Settlement Agreement, and Final Order (combined) in the Matter of Linda G. Meyers, R.D.H., file number #14-0040. Motion APPROVED unanimously.

- MOVED by KELLY, SECONDED by SLACH to APPROVE the Statement of Charges, Settlement Agreement, and Final Order (combined) in the Matter of Janet L. Hillis, R.D.H., file number #14-0049. Motion APPROVED unanimously.

- MOVED by SLACH, SECONDED by SLACH to APPROVE the Notice of Hearing and Statement of Charges in the Matter of Lisa M. Kucera, R.D.H., #14-0041. 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 5:30 p.m. on October 17, 2014.

NEXT MEETING OF THE COMMITTEE

The next meeting of the Dental Hygiene Committee is scheduled for January 22, 2015, in Des Moines, Iowa.

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