



# STATE OF IOWA

## IOWA DENTAL BOARD

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

PHIL MCCOLLUM  
INTERIM DIRECTOR

### IOWA DENTAL HYGIENE COMMITTEE

#### AGENDA

April 10, 2014

9:30 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. January 20, 2014 – Quarterly Meeting
- IV. LEGAL REPORT**
- V. OTHER BUSINESS**
  - a. Request to be Nominated as CRDTS Examiner
  - b. Expanded Functions Educational Standards Task Force Report
  - c. Public Health Supervision – Sealant Program
  - d. Other Items, if any
- VI. ADMINISTRATIVE RULES/ADMINISTRATIVE RULE WAIVERS**
  - a. Notice of Intended Action – 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)
- VII. APPLICATIONS FOR LICENSURE/REGISTRATION & OTHER REQUESTS\***
- 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: July 31-August 1, 2014**

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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### DENTAL HYGIENE COMMITTEE

#### OPEN SESSION MINUTES

**January 30, 2014**  
**Conference Room**  
**400 S.W. 8<sup>th</sup> St., Suite D**  
**Des Moines, Iowa**

<b>Committee Members</b>	<b>January 30, 2014</b>
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

#### **Attorney General's Office**

Sara Scott, Assistant Attorney General

### **I. CALL TO ORDER FOR JANUARY 30, 2014**

Ms. Kelly called the meeting of the Dental Hygiene Committee to order at 9:37 a.m. on Thursday, January 30, 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	x
Absent			

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

Ms. Kelly allowed the opportunity for public comment. Ms. Kelly asked everyone to introduce themselves.

No comments were received.

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

- *October 31, 2013 – Quarterly Meeting Minutes*

- MOVED by MCCULLOUGH, SECONDED by SLACH, to APPROVE the minutes as submitted. Motion APPROVED unanimously.

#### **IV. LEGAL REPORT**

Ms. Scott indicated that there was nothing to report.

#### **V. OTHER BUSINESS**

##### SUPERVISION LEVEL FOR USE OF ORAQIX AND ARESTIN

Ms. Kelly reported that she received an email from Midwest Dental inquiring about the supervision level required for the use of Oraqix and Arestin by dental hygienists. Ms. Kelly indicated that this should fall within general supervision of a dental hygienist.

Ms. Slach stated that Oraqix is not an injection and is intended for topical use. Ms. Slach reported that, at the University of Iowa College of Dentistry, she can supervise the dental students, who are using Oraqix and Arestin, whereas she could not do the same with local anesthetic since that requires direct supervision of a licensed dentist.

Mr. McCollum asked if a dentist would need to see that patient again before the patient left, or if this was unnecessary. Dr. McCullough indicated that this would not typically be required, apart from standard follow-up when deemed appropriate.

The Dental Hygiene Committee determined that these services could be provided under general supervision so long as they were prior-prescribed by a licensed dentist.

Dr. Bradley, who was also in attendance, agreed with the recommendation; though, there may be potential for some issues or concern related to the treatment provided to some patients. Ms. Slach and Mr. McCollum reminded everyone that allowing a dental hygienists to perform these tasks was at the discretion of the supervising dentist. Therefore, the supervising dentist would still bear the responsibility for delegating these services.

Mr. McCollum indicated that he will respond to the request, which Ms. Kelly forwarded for consideration.

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

- *Angela M. Ervin, R.D.H. – Application for Dental Hygiene License*

This application will be discussed in closed session.

- *Tammy Bertch Brousseau, R.D.H. – Application for Reinstatement*

This application will be discussed in closed session.

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

Ms. Kelly allowed the opportunity for public comment.

No comments were received.

**VII. CLOSED SESSION**

- ❖ MOVED by KELLY, SECONDED by MCCULLOUGH, 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	x
No			
Absent			

Motion APPROVED by ROLL CALL.

- The Dental Hygiene Committee convened in closed session at 9:43 a.m.

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

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

- The Dental Hygiene Committee reconvened in open session at 10:17 a.m.

**IX. ACTION ON CLOSED SESSION ITEMS**

- *Angela M. Ervin, R.D.H. – Application for Dental Hygiene License*
- ❖ MOVED by MCCULLOUGH, SECONDED by SLACH, to approve the license. Motion APPROVED unanimously.
- *October 31, 2013 – Telephonic Meeting Minutes (Closed)*
- ❖ MOVED by SLACH, SECONDED by KELLY, to approve the closed session minutes with a correction to the citation regarding the motion to go into closed session; the citation requires “and” between the references “(a)(d)”. Motion APPROVED unanimously.

**XI. ADJOURN**

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

The meeting of the Dental Hygiene Committee adjourned at approximately 10:18 a.m. on January 30, 2014.

**NEXT MEETING OF THE COMMITTEE**

The next meeting of the Dental Hygiene Committee is scheduled for April 10, 2014, in Des Moines, Iowa.

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

## Braness, Christel [IDB]

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**From:** Tonya Enright <tonya.enright@hawkeyecollege.edu>  
**Sent:** Tuesday, March 18, 2014 11:29 AM  
**To:** Braness, Christel [IDB]  
**Subject:** RE: Request for CRDTS Examiner

Thank you Christel and please thank the committee for considering me for this opportunity!

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**From:** Braness, Christel [IDB] [mailto:Christel.Braness@iowa.gov]  
**Sent:** Tuesday, March 18, 2014 11:18 AM  
**To:** Tonya Enright  
**Cc:** McCollum, Phil [IDB]  
**Subject:** RE: Request for CRDTS Examiner

I will see that this is added to the Dental Hygiene Committee and Board meeting agendas. They are scheduled to meet on April 10. I will forward your request for their review.

Let me know if you have any other questions.

*Christel Braness, Program Planner*

*Iowa Dental Board | 400 SW 8th St., Suite D | Des Moines, IA 50309*

*Phone: 515-242-6369 | Fax: 515-281-7969 | [www.dentalboard.iowa.gov](http://www.dentalboard.iowa.gov)*

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**From:** Tonya Enright [mailto:tonya.enright@hawkeyecollege.edu]  
**Sent:** Tuesday, March 18, 2014 11:13 AM  
**To:** Braness, Christel [IDB]  
**Subject:** Request for CRDTS Examiner  
**Importance:** High

Good morning Christel,

I am interested in becoming a CRDTS examiner for Dental Hygiene. I spoke to CRDTS and they recommended I contact you. I would greatly appreciate a recommendation from the dental board to CRDTS nominating me to assist CRDTS in the Dental Hygiene examinations. I feel I have the experience as the dental hygiene director at Hawkeye Community College since 2007. I will have more availability to travel for the examinations once I begin my new career path at Allen College implementing and directing the online Bachelors program for dental hygiene in August. I ask the dental board to please consider recommending me to CRDTS for this opportunity.

Thank you for your time,

**Tonya**

Tonya R. Enright, CDA, RDH, BSDH, MEd

Dental Administrative Chair  
Hawkeye Community College  
School of Health  
1501 E. Orange Rd., Waterloo, IA 50704  
319-296-2320 X 1121  
[tonya.enright@hawkeyecollege.edu](mailto:tonya.enright@hawkeyecollege.edu)

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## Braness, Christel [IDB]

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**From:** McCollum, Phil [IDB]  
**Sent:** Wednesday, March 26, 2014 1:26 PM  
**To:** Braness, Christel [IDB]  
**Subject:** FW: Please consider this Dental Assisting Issue

See request below

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:** Susan R. Hyland [mailto:klas-hyland@juno.com]  
**Sent:** Wednesday, March 26, 2014 8:27 AM  
**To:** McCollum, Phil [IDB]  
**Subject:** Please consider this Dental Assisting Issue

Mr. McCollum,  
Re: Utilization of Dental Assistants in Public Health Supervision Settings.

Dental Assistants have been very beneficial in sealant programs when working under general supervision. Their assistance with rinsing, drying and suctioning helps to create the optimal environment to provide quality dental sealants. Dental Assistants also improve the cost effectiveness of the programs by cleaning and preparing the on-site work area and providing instrument sterilization when these facilities are available, i.e. on a mobile dental van.

The development of public health supervision for dental hygienists has increased access to sealants and other preventive services. The program I worked for has a mobile dental clinic, so this allowed the volunteer dentists to provide more dental treatment instead of spending time doing sealant exams.

The problem is the realization that dental assistants can no longer work effectively in these programs because of the supervision issue. Some Dental Assisting functions that would be helpful in public health would include intraoral air/water and suctioning, instrument passing, work area preparation and cleaning, and instrument sterilization. Utilization of the curing light is another issue that could use clarification.

I do not believe this issue was addressed when dental assisting functions were reviewed recently.

Thank you for your consideration of this concern.  
Susan Hyland, RDH, BSDH  
1010 Scenic View BLVD.  
Altoona, IA 50009  
[klas-hyland@juno.com](mailto:klas-hyland@juno.com)



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**March 21<sup>st</sup>, 2014**

During the October 31st, 2013, Iowa Dental Board meeting the Board directed staff to proceed with drafting rule amendments in the following areas:

- *Fees – Iowa Administrative Code 650—Chapter 15.* Amend the rules to increase fees to cover projected costs for FY 2015 by increasing dental renewal fees from \$315 to \$365, an increase of \$25 per year for dentists only.
- *EFDA Task Force Recommendations -- Iowa Administrative Code 650—Chapters 10, 20, and newly proposed 23.* Amend the rules to implement the proposed expanded functions for dental auxiliary as recommended by the Expanded Function Dental Auxiliary (EFDA) Task Force.
- *Allow dental hygienists to perform current expanded functions -- Iowa Administrative Code 650 — Chapters 10 and newly proposed 23.* Amend the rules to authorize dental hygienists to perform the expanded function duties listed in chapter 20, provided they receive the same expanded function training required of a registered dental assistant.
- *Allow PALS certification in lieu of ACLS -- Iowa Administrative Code 650—Chapter 29.* Amend the rules to accept PALS certification in lieu of ACLS for moderate sedation permit holders who sedate children.
- *Require capnography for Moderate Sedation permit holders -- Iowa Administrative Code 650—Chapter 29.* Amend the rules to require capnography for all moderate sedation permit holders. (\*The Anesthesia Credentials Committee has not made a formal recommendation supporting this change as of this date. The Committee will meet to consider this issue prior to the next Board meeting)

### **Fees**

The members of the Budget Review Committee met on September 20<sup>th</sup>, 2013, to review the final budget numbers of the previous fiscal FY13, the current fiscal FY14, and the proposed FY15 projections. Following review, the members recommended to the full Board during the October 31<sup>st</sup>, 2013 meeting that the Board consider raising dental renewal fees in order to prevent a possible budget shortfall during FY15.

Using current projections as of March 2014, it appears that such a budget shortfall in FY15 may not exist provided that Board staff levels remain unchanged. Revenue has come in slightly higher than originally projected and expenses have been less than anticipated. This is partly due to the unfilled Executive Director position.

Current projections will be reviewed by the members of the Budget Review Committee prior to the April 10<sup>th</sup>, 2014, Board meeting so that an updated recommendation can be made to the full Board.

### **Expanded Function Dental Auxiliary (EFDA) Task Force Recommendations & Allowing dental hygienists to perform current expanded functions**

Dental assistant registration became effective in July 2001. 650 IAC 20.2(153) states that the term “dental assistant” does not include persons otherwise actively licensed in Iowa to practice dental hygiene or nursing who are engaged in the practice of said profession. Rules related to expanded functions for dental assistants became effective in October 2003.

Board rules have been interpreted to allow a licensed dental hygienist to work as a dental assistant under the scope of their dental hygiene license. When dental assistant registration became effective in 2001, there were no duties that dental assistants could perform that a dental hygienist could not also perform.

Since the expanded function rules became effective in 2003, the Board office has received multiple inquiries as to whether dental hygienists were also eligible to take expanded function training and perform those same duties.

The rules related to the current expanded function duties was placed in chapter 20, which regulates the scope of practice for dental assistants. Chapter 20.3(3) states that a dentist may delegate an expanded function duty to a “registered dental assistant” and makes no reference to any other persons. Since dental hygienists are excluded in that chapter from being considered a dental assistant, no provisions existed to allow a dental hygienist to perform those expanded function duties. Because of this, Board rules have been interpreted to exclude dental hygienists from being able to perform those expanded function duties not already allowed within their scope of practice.

In 2011, the Iowa Dental Board considered revising the current rules to allow dental hygienists to perform those same expanded function duties provided that they meet the same educational requirements, as it was imposing a hardship on many hygienists who were previously registered as expanded function dental assistants and lost the ability to continue to perform some duties once they became licensed as a dental hygienist. The adoption of those rules was delayed at that time.

In 2012 the Iowa Dental Board appointed an Expanded Function Dental Auxiliary (EFDA) Task Force to consider increasing the number of expanded functions that appropriately trained dental auxiliary personnel could perform. The EFDA Task Force released its final report to the Board in July 2013.

The Iowa Dental Board met and considered those recommendations during their October 31st, 2013, meeting and directed staff to draft proposed rules based on the final recommendations of the Task Force. The Board also directed staff to draft rules that would allow dental hygienists to perform the current dental assistant expanded functions that currently fall outside the scope of practice of dental hygiene.

The attached draft creates a new chapter 23 to regulate all expanded function duties that can be delegated to either dental assistants or dental hygienists, and sets the educational and training requirements associated with them. Should rules change in the future that would expand the scope of practice of only one of those professions, such rules would be placed in their respective governing sections.

The draft removes the current expanded functions from the dental assistant chapter 20.3(3) and places them in the new chapter 23.4, removes the Expanded Function Training Approval from 20.15 and places them in a new chapter 23.5, and removes the requirement for a dental assistant to have 2 years of clinical experience in order to participate in an expanded function program. The draft adds clarification to 20.3(2)a and 23.3(2)a by adding “removable appliances”, amends both 20.3(2)e and 10.3(1)e to remove the word “synthetic”, and renumbers 20.3(4) to 20.3(3).

The EFDA Task Force recommendations expand the scope of duties that dental auxiliaries can perform related to removable appliances as it allows auxiliary the ability to take both final impressions and records for the fabrication of dentures and partial dentures. I have added clarification to both 20.3(2)a and 23.3(2)a making it clear that neither dental assistants nor dental auxiliary can authorize the fabrication of removable appliances, that responsibility remains with the dentist.

The EFDA Task Force recommendations would allow expanded function dental auxiliary to remove adhesives with hand instrumentation only. I have amended both 20.3(2)e and 10.3(1)e to remove the word “synthetic” to allow such procedures to be delegated to dental assistants.

The Board has also received one request from Dr. Steve Rabedeaux and one request from the Iowa Dental Association (IDA) asking that the Board reduce the waiting period before registered dental assistants are allowed to perform expanded function duties.

Current Board rules under 20.15 require that dental assistants either be DANB certified or have 2 years of clinical experience before being eligible to participate in an expanded function program.

Dr. Rabedeaux is requesting that the Board consider reducing that waiting period to one (1) year, and the IDA is requesting that all waiting period requirements be removed and the decision be left to the discretion of the supervising dentist.

Since all attached rules are draft versions for discussion, I have removed all mandatory waiting periods for all expanded function duties in 23.5. The decision would be left up to the discretion of the supervising dentist.

### **Allow PALS certification in lieu of ACLS**

Iowa Administrative Code 650—Chapter 29.4(4) requires dentists administering moderate sedation to maintain current certification in Advanced Cardiac Life Support (ACLS) which is focused on the management of emergencies occurring in adults.

Iowa Administrative Code 650—Chapter 29.4(8) requires dentists utilizing moderate

sedation on pediatric patients to have completed an accredited residency program that includes formal training in anesthesia and clinical experience in managing pediatric patients. Graduates of such programs are typically certified in Pediatric Advanced Life Support (PALS) which is focused on the management of emergencies occurring in infants and children.

Both ACLS and PALS standards are set by the American Heart Association.

The proposed rule change would allow moderate sedation permit holders who sedate pediatric patients to maintain PALS certification in lieu of ACLS certification.

### **Require capnography for Moderate Sedation permit holders**

The Iowa Dental Board previously amended rules in 2013 which required all general anesthesia/deep sedation permit holders to use capnography at all facilities where they provide sedation beginning January 1, 2014. This was to remain consistent with the practices of the American Association of Oral and Maxillofacial Surgeons (AAOMS).

The Board is now considering requiring all moderate sedation permit holders to use capnography as an added measure of safety. Currently, pulse oximetry is the only measure of oxygen levels required for moderate sedation permit holders.

Pulse oximetry measures the oxygen saturation in blood and a 30 second delay can exist in the reporting of pulse oximetry results, so it is slow to indicate change in ventilation. Capnography measures expired carbon dioxide in the airway (exhaled breath), and provides a breath-to-breath status of ventilation in the patient in real time.

Such a delay in reporting is particularly concerning when sedating children who do not have the same oxygen reserve capacity as adults.

The members of the Board's Anesthesia Credentials Committee have not made a formal recommendation supporting this change as of this date. The Committee will meet to consider this issue prior to the next Board meeting and provide a recommendation at that time.

The intent of this document is to serve as a 'staff draft' for a basis of discussion and is not a Notice of Intended Action. These drafts are being provided in advance of the upcoming April 10<sup>th</sup>, 2014, Board meeting in order to seek input that can be presented during that meeting to assist the members should they decide to start the formal rulemaking process.

Phil McCollum  
Interim Director  
Iowa Dental Board

**Attachments**

Proposed rule amendments to Chapter 10.3

Proposed rule amendments to Chapter 15.4

Proposed rule amendments to Chapter 20.3

Proposed rule amendments to Chapter 20.15

Proposed NEW CHAPTER 23 Expanded Functions for Dental Auxiliaries

Proposed rule amendments to Chapter 29.4

Proposed rule amendments to Chapter 29.5

Final EFDA Task Force report to the Board

**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.

This rule is intended to implement Iowa Code section 153.15.

**650—20.3 (153) Scope of practice.**

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

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

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

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

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

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

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

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

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

- Be currently certified by the Dental Assisting National Board, or
- Have two years of clinical dental assisting experience as a registered dental assistant, or
- Have two years of clinical dental assisting experience as a dental assistant in a state that does not require registration;

2. A didactic component;

3. A laboratory component, if necessary;

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

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

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

## **Proposed NEW Chapter**

### **Chapter 23 Expanded Functions for Dental Auxiliaries**

**650—23.1 Expanded Function training required.** A registered dental assistant shall not perform any procedures listed in this chapter unless the assistant has successfully met the educational and training requirements of 650—23.5. A licensed dental hygienist shall not perform any procedures listed in this chapter which are not within the scope of practice of dental hygiene unless the hygienist has successfully met the educational and training requirements of 650—23.5. The following procedures are considered within the scope of practice of dental hygiene: taking occlusal registrations; applying cavity liners and bases, desensitizing agents, and bonding systems; placement of periodontal dressings; testing pulp vitality; and monitoring of nitrous oxide inhalation analgesia.

#### **650—23.2 (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—23.3 (153) Scope of practice.**

**23.3(1)** In all instances, a dentist assumes responsibility for determining, on the basis of diagnosis, the specific treatment patients will receive and which aspects of treatment may be delegated to qualified dental auxiliary personnel as authorized by this chapter.

**23.3(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 650—23.1 of this chapter. This delegation shall be based on the best interests of the patient. The dentist shall exercise direct supervision 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—23.4 (153) Expanded function procedures.**

A licensed dentist may delegate any of the following expanded function procedures to qualified dental auxiliary personnel:

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. Removal of adhesives (hand instrumentation only);
10. Placement and shaping of amalgam following preparation of a tooth by a dentist;
11. Placement and shaping of composite following preparation of a tooth by a dentist;
12. Forming and placement of stainless steel crowns;
13. Taking final impressions and records for the fabrication of dentures and partial dentures;
14. Denture reline (soft reline only, where denture is not relieved or modified);
15. Preliminary charting of existing dental restorations and teeth

These procedures refer to both primary and permanent teeth.

**650—23.5 (153) Educational and training requirements.**

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 prior-approved by the board, 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 the office of practice, documentation 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, participants must meet the following:
  - a. Be currently certified by the Dental Assisting National Board (DANB), or be licensed as a dental hygienist.
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.

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