STATE OF IOWA

IOWA DENTAL BOARD

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

PHIL MCCOLLUM
INTERIM DIRECTOR

IOWA DENTAL HYGIENE COMMITTEE

AGENDA

July 31, 2014
9:00 A.M.

Location: Iowa Dental Board, 400 SW 8th 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. 1st OPPORTUNITY FOR PUBLIC COMMENT

III. APPROVAL OF OPEN SESSION MINUTES
a. April 10, 2014 – Quarterly Meeting
b. June 12, 2014 - Teleconference

IV. LEGAL REPORT

V. OTHER BUSINESS
a. Dental Hygienists Working with Dental Assistants under Public Health Supervision

VI. ADMINISTRATIVE RULES/ADMINISTRATIVE RULE WAIVERS
a. Draft for Discussion – Proposed Amendments to Ch. 20, "Dental Assistants"; Ch. 23 (new chapter), "Expanded Functions for Dental Auxiliaries" (RE: Current and Newly-Proposed Expanded Functions)

VII. APPLICATIONS FOR LICENSURE/REGISTRATION & OTHER REQUESTS*

VIII. 2nd OPPORTUNITY FOR PUBLIC COMMENT

IX. CLOSED SESSION*

X. ACTION, IF ANY, ON CLOSED SESSION ITEMS

XI. ADJOURN

NEXT QUARTERLY MEETING: October 16-17, 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.

DENTAL HYGIENE COMMITEE

OPEN SESSION MINUTES
April 10, 2014
Conference Room
400 S.W. 8th St., Suite D
Des Moines, Iowa

Committee Members	**April 10, 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

Attorney General's Office
Sara Scott, Assistant Attorney General

I. CALL TO ORDER FOR APRIL 10, 2014

Ms. Kelly called the meeting of the Dental Hygiene Committee to order at 9:38 a.m. on Thursday, April 10, 2014. A quorum was established with all members present.

Roll Call:

Member	Kelly	Slach	McCullough
Present	x	x	x
Absent			

II. 1st OPPORTUNITY FOR PUBLIC COMMENT

Ms. Kelly allowed the opportunity for public comment.

Tom Cope, Iowa Dental Hygienists' Association (IDHA), commented on the proposed rule changes to IAC 650—Chapter 10. The IDHA has concerns about the removal of the word "synthetic." Legislation enacted in 2000 prohibits the Board from adopting rules, which would allow the removal of synthetic materials by anyone other than a dental hygienist. Mr. Cope stated that the proposed change would put the Iowa Administrative Code 650 in conflict with the statute. Mr. Cope reported that he sent some emails to Mr. McCollum addressing his concerns. The IDHA

is open to discussion; however, the IDHA would ask that the Board keep that portion of the statute in mind when considering the issue. Mr. Cope is concerned about the precedent this proposed change in language would set. The IDHA stated that they are willing to work with the Board to find a resolution that is acceptable.

Ms. Scott asked for clarification about which portion of the proposed changed raised concern. Ms. Scott asked if Mr. Cope is concerned about the language in Iowa Administrative Code 650—Chapter 10 or Iowa Administrative Code 650—Chapter 20. Mr. Cope stated that there is concern with regards to both chapters since the language in chapter 10 limits the removal of synthetic material to dental hygienists; and chapter 20 prohibits dental assistants from performing these services.

III. APPROVAL OF OPEN SESSION MINUTES

- *January 30, 2014 – Quarterly Meeting Minutes*

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

IV. LEGAL REPORT

Ms. Scott indicated that there was nothing to report.

V. OTHER BUSINESS

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

Ms. Kelly reported that Ms. Tonya Enright submitted a request to be nominated as a dental hygiene examiner to the Central Regional Dental Testing Service (CRDTS).

Ms. Braness provided an overview of the request.

Ms. Kelly provided some information about the requirements to serve as an examiner for CRDTS. For example, a practitioner must hold an active license and cannot have any disciplinary action against his or her license. The Board is obligated to provide examiners to CRDTS since it is a member of CRDTS. Ms. Kelly contacted CRDTS to find out whether Iowa was eligible to appoint additional dental hygiene members. CRDTS indicated that Iowa could appoint additional dental hygiene examiners.

Dr. Bradley stated that CRDTS appears to be short on dental hygiene examiners.

Ms. Cacioppo stated that, in her experience, the Board has not always found it effective to inquire, generally, about interest to serve as an examiner. Ms. Cacioppo provided some additional information about Ms. Enright's credentials.

Ms. Slach and Dr. McCullough agreed that Ms. Enright's background would make her a good candidate to serve as an examiner.

- ❖ MOVED by SLACH, SECONDED by MCCULLOUGH, to nominate Ms. Enright as a dental hygiene examiner to CRDTS. Motion APPROVED unanimously.

EDUCATIONAL STANDARDS FOR EXPANDED FUNCTIONS TASK FORCE

Ms. Slach stated that this item will be discussed more thoroughly at the Board meeting. Ms. Slach reported that the task force has suggested that the current and proposed expanded functions be divided into two groups: level 1 and level 2. Prior to practitioners to receiving training in level 2 expanded functions, they must complete training in all level 1 expanded functions.

Ms. Kelly stated that there will be further discussion about proposed rules at the full Board meeting.

PUBLIC HEALTH SUPERVISION – SEALANT PROGRAM

Ms. Kelly reported that Sue Hyland, R.D.H. submitted a request asking that the Board consider creating a pathway to allow dental assistants to work with public health hygienists in public health settings. Ms. Kelly indicated that she regularly receives comments regarding the need for additional assistance in public health settings.

Ms. Slach stated that this type of service by dental assistants makes sense, since the duties they would be asked to perform are basic. Dr. McCullough agreed.

Ms. Kelly clarified that this request involves the scope of practice for dental assistants; therefore the Dental Hygiene Committee does not have authority to make the decision on this matter. However, since this request affects the practice of dental hygiene, Ms. Kelly wanted to discuss this issue at the committee level. Ms. Kelly asked Ms. Scott what the committee can do in light of that. Ms. Scott stated that it is the Board's decision to make; however, the committee can reference this discussion at the Board meeting, and make a suggestion to the Board.

Ms. Slach asked about Ms. Hyland's request. Ms. Slach asked for clarification about the intended supervision level for the dental assistants. Ms. Kelly stated that the intent would be for a dentist to provide the supervision. Ms. Kelly referenced general supervision for registered dental assistants. Presently, registered dental assistants are allowed to assist with suctioning, intraoral services, and take radiographs under general supervision. The request would ask that dental assistants be allowed to perform services similar to those allowed under general supervision in public health settings.

VI. ADMINISTRATIVE RULES/ADMINISTRATIVE RULE WAIVERS

- *Review 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 there are a few concerns with the current drafts of the proposed changes. There are some additional questions that need to be answered, including the issue with regards to synthetic materials.

Mr. McCollum reported that that the Board has received some feedback on the proposed drafts. Due to recent input and other information discovered in the course of reviewing these matters, Mr. McCollum recommended that the Dental Hygiene Committee and the Board table any action on the proposed rule amendments until the next meeting. Mr. McCollum thinks additional time would be best to address some of the concerns.

Ms. Kelly asked Ms. Scott about how the committee should proceed. Ms. Scott stated that the Dental Hygiene Committee has some flexibility since this was not drafted as a Notice of Intended Action. Action by the committee is not required at this time.

Ms. Kelly reported that some of the issues raised concerned the differences between what the dental hygiene programs are teaching, what is currently allowed in rules, and what is being proposed. Further discussion and review will allow the Board to develop language that would better address all of the areas of concern.

Ms. Slach stated that the University of Iowa College of Dentistry will wait to develop the new curriculum until such time as the Board has given more direction.

Ms. Kelly asked Ms. Scott about the concern related to the proposed deletion of the word "synthetic" from the Iowa Administrative Code and how the statute affects this proposal. Ms. Scott stated that she has not had the chance to fully review this issue to date. Ms. Scott stated that she had looked briefly at the legislative history section of the act. Ms. Scott believes that there is another way in which to interpret the statute that differs from the IDHA's interpretation. Ms. Scott stated that her initial interpretation is that the third sentence in the code section refers back to the first two sentences, and that the section needs to be reviewed in its entirety. Ms. Scott believes that since only portions of the legislation were made a part of the Iowa Code, and other portions remained in the Iowa Acts, the third sentence applies to that specific time period, and may not be a permanent prohibition.

Ms. Scott sees this as an open issue, which can be discussed and reviewed further. Mr. Cope stated that the important thing would be to review all available options. Mr. Cope is reluctant to recommend use of the proposed language since it raises some concerns about the Iowa Code section. Mr. Cope preferred to explore other options, and find a better way to address this issue.

Ms. Slach stated that if the Board can make this language clearer, it would be subject to less interpretation and raise fewer questions.

VII. APPLICATIONS FOR LICENSURE & OTHER REQUESTS

There were no applications or other requests for review.

X. 2nd OPPORTUNITY FOR PUBLIC COMMENT

Ms. Kelly allowed the opportunity for public comment.

No comments were received.

VIII. CLOSED SESSION

- MOVED by MCCULLOUGH, 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	x
No			
Absent			

Motion APPROVED by ROLL CALL.

- The Dental Hygiene Committee convened in closed session at 10:01 a.m.

IX. 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 10:36 a.m.

X. ACTION ON CLOSED SESSION ITEMS

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

- MOVED by SLACH, SECONDED by MCULLOUGH to close #12-095 Motion APPROVED unanimously.

- MOVED by SLACH, SECONDED by MCULLOUGH to keep #13-0001 open. Motion APPROVED unanimously.

- MOVED by SLACH, SECONDED by MCULLOUGH to keep #13-0085 open. Motion APPROVED unanimously.

- MOVED by SLACH, SECONDED by MCULLOUGH to keep #14-0040 open. Motion APPROVED unanimously.

- MOVED by SLACH, SECONDED by MCULLOUGH to keep #14-0041 open. Motion APPROVED unanimously.

- MOVED by SLACH, SECONDED by MCULLOUGH to keep #14-0049 open. Motion APPROVED unanimously.

XI. ADJOURN

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

The meeting of the Dental Hygiene Committee adjourned at approximately 10:38 a.m. on April 10, 2014.

NEXT MEETING OF THE COMMITTEE

The next meeting of the Dental Hygiene Committee is scheduled for July 31, 2014, in Des Moines, Iowa.

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

DENTAL HYGIENE COMMITEE

OPEN SESSION MINUTES
June 12, 2014
Conference Room
400 S.W. 8th St., Suite D
Des Moines, Iowa

Committee Members	**June 12, 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

I. CALL TO ORDER FOR JUNE 12, 2014

The meeting of the Dental Hygiene Committee was called to order at 12:05 p.m. on Thursday, June 12, 2014. The meeting was held by electronic means in compliance with Iowa Code section 21.8. The purpose of the meeting was to review applications for dental hygiene license, which required review prior to issuance. It was impractical to meet in person with such a short agenda and on such short notice. A quorum was established with two (2) members present.

Roll Call:

Member	Kelly	Slach	McCullough
Present	x		x
Absent		x	

II. 1st OPPORTUNITY FOR PUBLIC COMMENT

Ms. Kelly allowed the opportunity for public comment.

No comments were received.

III. APPLICATIONS FOR LICENSURE & OTHER REQUESTS

- *Deresa L. Hughes, R.D.H. – Application for Dental Hygiene License*

This application will be discussed in closed session.

- *Ashley J. Kenkel, R.D.H. – Application for Dental Hygiene License*

This application will be discussed in closed session.

- *Jordan A. Latta, R.D.H. – Application for Dental Hygiene License*

This application will be discussed in closed session.

- *Tracy L. Lautt, R.D.H. – Application for Dental Hygiene License*

This application will be discussed in closed session.

X. 2nd OPPORTUNITY FOR PUBLIC COMMENT

Ms. Kelly allowed the opportunity for public comment.

No comments were received.

IV. CLOSED SESSION

- MOVED by KELLY, SECONDED by MCCULLOUGH, to go into closed session pursuant to Iowa Code 21.5(1)(a), and (d) 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 12:06 p.m.

V. IX. RECONVENE IN OPEN SESSION

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

- The Dental Hygiene Committee reconvened in open session at 12:14 p.m.

VI. ACTION ON CLOSED SESSION ITEMS

- *Deresa L. Hughes, R.D.H. – Application for Dental Hygiene License*

- MOVED by KELLY, SECONDED by MCCULLOUGH, to APPROVE issuance of the license. Motion APPROVED unanimously.

- *Ashley J. Kenkel, R.D.H. – Application for Dental Hygiene License*

❖ MOVED by KELLY, SECONDED by MCCULLOUGH, to APPROVE issuance of the license. Motion APPROVED unanimously.

- *Jordan A. Latta, R.D.H. – Application for Dental Hygiene License*

❖ MOVED by KELLY, SECONDED by MCCULLOUGH, to APPROVE issuance of the license. Motion APPROVED unanimously.

- *Tracy L. Lautt, R.D.H. – Application for Dental Hygiene License*

❖ MOVED by KELLY, SECONDED by MCCULLOUGH, to APPROVE issuance of the license. Motion APPROVED unanimously.

XI. ADJOURN

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

The meeting of the Dental Hygiene Committee adjourned at approximately 12:16 p.m. on June 12, 2014.

NEXT MEETING OF THE COMMITTEE

The next meeting of the Dental Hygiene Committee is scheduled for July 31, 2014, in Des Moines, Iowa.

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

STATE OF IOWA

IOWA DENTAL BOARD

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

PHIL MCCOLLUM
INTERIM DIRECTOR

July 17th, 2014

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

- ***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.

During the April 10th, 2014, Iowa Dental Board meeting, the members of the Board reviewed the proposed rule drafts and determined:

- ***Fees – Iowa Administrative Code 650—Chapter 15***
  Not to start the rulemaking process for chapter 15, as new fiscal estimates do not indicate a budget shortfall.

- ***EFDA Task Force Recommendations -- Iowa Administrative Code 650—Chapters 10, 20, and newly proposed 23.***
  To table those drafts to ensure that the proposed drafts align with what is being taught at the dental hygiene programs in the state, and to ensure that the draft language doesn't conflict with other rules or statutes.

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- ***Allow dental hygienists to perform current expanded functions -- Iowa Administrative Code 650 — Chapters 10 and newly proposed 23.***
To table those drafts to ensure that the proposed drafts align with what is being taught at the dental hygiene programs in the state, and to ensure that the draft language doesn't conflict with other rules or statutes.

- ***Allow PALS certification in lieu of ACLS -- Iowa Administrative Code 650—Chapter 29.*** To approve those drafts to IAC 650—29.4 and to start the rulemaking process by filing a Notice of Intended Action at the July 31st, 2014, meeting, with public comment period to follow.

- ***Require capnography for Moderate Sedation permit holders -- Iowa Administrative Code 650—Chapter 29.*** To amend the rule drafts to IAC 650—29.4 and 29.5 to include the recommendations from the Anesthesia Credentials Committee to allow the use of a pretracheal/precordial stethoscope in lieu of capnography. Moderate sedation permits holders will be required to use either capnography OR a pretracheal/precordial stethoscope while administering moderate sedation to patients. The members then voted to approve the draft with those changes and to start the rulemaking process by filing a Notice of Intended Action at the July 31st, 2014, meeting, with public comment period to follow.

Attached are the rule drafts for discussion for Chapters 20.3, 20.15, and newly proposed Chapter 23. These drafts are being provided in advance of the upcoming July 31st, 2014, Board meeting in order to seek input from stakeholders that can be presented during that meeting to assist the members in determining if they should initiate the formal rulemaking process. These rule drafts should be considered 'staff drafts' and are to serve as a basis for discussion and are not a Notice of Intended Action.

The attached rule proposals for Chapters 29.4 and 29.5, are officially being noticed as a Notice of Intended Action.

Phil McCollum
Interim Director
Iowa Dental Board

Attachments
DRAFT proposed rule amendments to Chapter 20.3
DRAFT proposed rule amendments to Chapter 20.15
DRAFT Proposed NEW CHAPTER 23 Expanded Functions for Dental Auxiliaries
Notice of Intended Action Chapter 29.4
Notice of Intended Action Chapter 29.5
Final EFDA Task Force report to the Board

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.

23.1(1) A registered dental assistant shall not perform any procedures listed in this chapter unless the dental assistant has successfully met the educational and training requirements of 650—23.5, and is in compliance with the requirements of 650—23.4.

23.1(2) A licensed dental hygienist shall not perform any procedures listed in this chapter unless the hygienist has successfully met the educational and training requirements of 650—23.5, and is in compliance with the requirements of 650—23.4.

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 this chapter. This delegation shall be based on the best interests of the patient. The dentist shall exercise direct supervision for all procedures and shall be fully responsible for all acts performed by dental auxiliary. A dentist may not delegate to dental auxiliary any of the following:

a. Diagnosis, examination, treatment planning, or prescription, including prescription for drugs and medicaments or authorization for restorative, prosthodontic, orthodontic, or removable appliances.

b. Those procedures that require the professional judgment and skill of a dentist.

650—23.4 (153) Expanded function procedures.

23.4(1) Basic Expanded Function Provider. Dental auxiliary who do not wish to become certified as a Level 1 or Level 2 provider may perform select Level 1 expanded function procedures provided they have met the educational and training requirements for those procedures pursuant to 650—23.5. A dentist may delegate to dental auxiliary

only those Level 1 procedures for which the dental auxiliary has received the required expanded function training.

23.4(2) Level 1 Provider. Dental auxiliary must successfully complete training for all Level 1 expanded function procedures before becoming certified as a Level 1 expanded functions provider. A dentist may delegate any of the following Level 1 expanded function procedures to auxiliary certified as a Level 1 expanded functions provider:

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

23.4(3) Level 2 Provider. Dental auxiliary must be certified as a Level 1 expanded functions provider and successfully pass a Board-approved entrance exam before beginning training as a Level 2 expanded functions provider. A dentist may delegate any of the Level 1 or any of the following Level 2 expanded function duties to an auxiliary certified as a Level 2 expanded functions provider:

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

These procedures refer to both primary and permanent teeth.

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

650—23.5 (153) Educational and training requirements.
All expanded function procedure training must be prior-approved by the Board. Expanded function procedure training shall be eligible for board approval if the training is offered through a program accredited by the Commission on Dental Accreditation of the American Dental Association or another program, which may include on-the-job training offered by a dentist licensed in Iowa. The supervising dentist and the dental auxiliary

shall be responsible for maintaining in each office of practice, documentation of the board approved training. Training must consist of the following:

1. An initial assessment to determine the base entry level of all participants in the program. At a minimum, all participants must meet at least one of the following before beginning expanded function procedure training:

    a. Be a graduate of an ADA-accredited dental assistant program; or
    b. Be currently certified by the Dental Assisting National Board (DANB); or
    c. Have at least one (1) year of clinical practice as a registered dental assistant; or
    d. Have at least one year of clinical practice as a dental assistant in a state that does not require registration; or
    e. Have an active Iowa dental hygiene license.

2. A didactic component;
3. A laboratory component, if necessary;
4. A clinical component, which may be obtained under the personal supervision of the participant's supervising dentist while the participant is concurrently enrolled in the training program; and
5. A postcourse competency assessment at the conclusion of the training program.

DENTAL BOARD [650]

Notice of Intended Action

Pursuant to the authority of Iowa Code section 147.76, the Dental Board hereby gives Notice of Intended Action to amend Chapter 29, "Sedation and Nitrous Oxide Inhalation Analgesia," Iowa Administrative Code.

The proposed amendments include:

- Requiring all moderate sedation permit holders to use capnography or a pretracheal/precordial stethoscope at all facilities where they provide sedation beginning January 1, 2015.
- Allow moderate sedation permit holders who sedate pediatric patients to maintain Pediatric Advanced Life Support (PALS) certification in lieu of Advanced Cardiac Life Support (ACLS) certification.

Written comments about the proposed amendments will be accepted through October 1, 2014. Comments should be directed to: Phil McCollum Interim-Director, Iowa Dental Board, 400 S.W. 8th Street, Des Moines, Iowa 50309-4687 or by email to IDB@iowa.gov.

A public hearing will be held on October 1, 2014 at 2:00 p.m. at the office of the Iowa Dental Board located at 400 SW 8th Street, Suite D, Des Moines, Iowa 50309-4687. At the hearing, persons will be asked to give their names and addresses for the record and to confine their remarks to the subject of the amendments. Any person who plans to attend the public hearing and who may have special requirements, such as those related to hearing or mobility impairments should contact the Board office and advise of specific needs.

After analysis and review of this rule making, no impact on jobs has been found.

These proposed amendments were approved at the July 31, 2014 quarterly meeting of the Iowa Dental Board.

These proposed amendments are intended to implement Iowa Code section 153.33 and 153.34.

The following amendments are proposed.

ITEM 1. Amend rule 650—29.4 (153) as follows:

650—29.4 (153) Requirements for the issuance of moderate sedation permits.

29.4(1) A permit may be issued to a licensed dentist to use moderate sedation for dental patients provided the dentist meets the following requirements:

a. Has successfully completed a training program approved by the board that meets the American Dental Association Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students and that consists of a minimum of 60 hours of instruction and management of at least 20 patients; and

b. Has formal training in airway management; or

c. Has submitted evidence of successful completion of an accredited residency program that includes formal training and clinical experience in moderate sedation, which is approved by the board; and

d. *H*as completed a peer review evaluation, as may be required by the board, prior to issuance of a permit.

29.4(2) A dentist utilizing moderate sedation shall maintain a properly equipped facility. The dentist shall maintain and be trained on the following equipment at each facility where sedation is provided: capnography or pretracheal/precordial stethoscope, EKG monitor, positive pressure oxygen, suction, laryngoscope and blades, endotracheal tubes, magill forceps, oral airways, stethoscope, blood pressure monitoring device, pulse oximeter, emergency drugs, defibrillator. A licensee may submit a request to the board for an exemption from any of the provisions of this subrule. Exemption requests will be considered by the board on an individual basis and shall be granted only if the board determines that there is a reasonable basis for the exemption.

29.4(3) The dentist shall ensure that each facility where sedation services are provided is permanently equipped pursuant to subrule 29.4(2) and staffed with trained auxiliary personnel capable of reasonably handling procedures, problems and emergencies incident to the administration of moderate sedation. Auxiliary personnel shall maintain current certification in basic life support and be capable of administering basic life support.

29.4(4) A dentist administering moderate sedation must document and maintain current, successful completion of an Advanced Cardiac Life Support (ACLS) course. A dentist administering moderate sedation to pediatric patients may maintain current certification in Pediatric Advanced Life Support (PALS) in lieu of ACLS.

29.4(5) A dentist who is performing a procedure for which moderate sedation is being employed shall not administer the pharmacologic agents and monitor the patient without the presence and assistance of at least one qualified auxiliary personnel in the room who is qualified under subrule 29.4(3).

29.4(6) Dentists qualified to administer moderate sedation may administer nitrous oxide inhalation analgesia provided they meet the requirement of rule 650—29.6(153).

29.4(7) If moderate sedation results in a general anesthetic state, the rules for deep sedation/general anesthesia apply.

29.4(8) A dentist utilizing moderate sedation on pediatric or ASA category 3 or 4 patients must have completed an accredited residency program that includes formal training in anesthesia and clinical experience in managing pediatric or ASA category 3 or 4 patients. A dentist who does not meet the requirements of this subrule is prohibited from utilizing moderate sedation on pediatric or ASA category 3 or 4 patients.

[**ARC 8614B**, IAB 3/10/10, effective 4/14/10; **ARC 1194C**, IAB 11/27/13, effective 11/4/13]

ITEM 2. Amend rule 650—29.4 (153) to add NEW section 29.5(12):

650—29.5 (153) Permit holders.

29.5(1) No dentist shall use or permit the use of deep sedation/general anesthesia or moderate sedation for dental patients, unless the dentist possesses a current permit issued by the board. No dentist shall use or permit the use of deep sedation/general anesthesia or moderate sedation for dental patients in a facility that has not successfully passed an equipment inspection pursuant to the requirements of subrule 29.3(2). A dentist holding a permit shall be subject to review and facility inspection at a frequency described in subrule 29.5(10).

29.5(2) An application for a deep sedation/general anesthesia permit must include the appropriate fee as specified in 650—Chapter 15, as well as evidence indicating compliance with rule 650—29.3(153).

29.5(3) An application for a moderate sedation permit must include the appropriate fee as specified in 650—Chapter 15, as well as evidence indicating compliance with rule 650—29.4(153).

29.5(4) If a facility has not been previously inspected, no permit shall be issued until the facility has been inspected and successfully passed.

29.5(5) Permits shall be renewed biennially at the time of license renewal following submission of proper application and may involve board reevaluation of credentials, facilities, equipment, personnel, and procedures of a previously qualified dentist to determine if the dentist is still qualified. The appropriate fee for renewal as specified in 650—Chapter 15 of these rules must accompany the application.

29.5(6) Upon the recommendation of the anesthesia credentials committee that is based on the evaluation of credentials, facilities, equipment, personnel and procedures of a dentist, the board may determine that restrictions may be placed on a permit.

29.5(7) The actual costs associated with the on-site evaluation of the facility shall be the primary responsibility of the licensee. The cost to the licensee shall not exceed the fee as specified in 650—Chapter 15.

29.5(8) Permit holders shall follow the American Dental Association's guidelines for the use of sedation and general anesthesia for dentists, except as otherwise specified in these rules.

29.5(9) A dentist utilizing moderate sedation on pediatric or ASA category 3 or 4 patients must have completed an accredited residency program that includes formal training in anesthesia and clinical experience in managing pediatric or ASA category 3 or 4 patients. A dentist who does not meet the requirements of this subrule is prohibited from utilizing moderate sedation on pediatric or ASA category 3 or 4 patients.

29.5(10) Frequency of facility inspections.

a. The board office will conduct ongoing facility inspections of each facility every five years, with the exception of the University of Iowa College of Dentistry.

b. The University of Iowa College of Dentistry shall submit written verification to the board office every five years indicating that it is properly equipped pursuant to this chapter.

29.5(11) Use of capnography required beginning January 1, 2014. Consistent with the practices of the American Association of Oral and Maxillofacial Surgeons (AAOMS), all general anesthesia/deep sedation permit holders shall use capnography at all facilities where they provide sedation beginning January 1, 2014.

29.5(12) Use of capnography or pretracheal/precordial stethoscope required for moderate sedation permit holders. Beginning January 1, 2015, all moderate sedation permit holders shall use capnography or a pretracheal/precordial stethoscope at all facilities where they provide sedation.

[**ARC 8614B**, IAB 3/10/10, effective 4/14/10; **ARC 0265C**, IAB 8/8/12, effective 9/12/12; **ARC 1194C**, IAB 11/27/13, effective 11/4/13]

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