



STATE OF IOWA

IOWA DENTAL BOARD

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

JILL STUECKER
EXECUTIVE DIRECTOR

TELECONFERENCE

IOWA DENTAL BOARD

AGENDA

August 13, 2015

7:00 a.m.

Location: The public can participate in the open session of the teleconference by speakerphone at the Board's office, 400 SW 8th St., Suite D, Des Moines, Iowa. The public can also participate by telephone using the call-in information below:

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| <ol style="list-style-type: none">1. Dial the following number to join the conference call: 1-866-685-15802. When promoted, enter the following conference code: 0009990326# |
|---|

Board Members: *Steve Bradley, D.D.S., Board Chair; Steven Fuller, D.D.S., Board Vice Chair; Kaaren Vargas, D.D.S.; Tom Jeneary, D.D.S.; Will McBride, D.D.S.; Mary Kelly, R.D.H.; Nancy Slach, R.D.H.; Diane Meier, Public Member; Lori Elmitt, Public Member*

OPEN SESSION

I. CALL MEETING TO ORDER – ROLL CALL

II. FIRST OPPORTUNITY FOR PUBLIC COMMENT

III. ADMINISTRATIVE RULES

- a. Vote on Adopted and Filed for Iowa Administrative Code 650—Chapter 10 “*General Requirements*”
- b. Rule Waiver Request – Rebecca Pike – IAC 650 – Chapter 11.7(1)(b), “*Licensure to Practice Dentistry or Dental Hygiene*”

IV. SECOND OPPORTUNITY FOR PUBLIC COMMENT

CLOSED SESSION**

I. REVIEW OF CASE NUMBER 15-0053

OPEN SESSION

II. ACTION, IF ANY, ON CASE NUMBER 15-0053

III. ADJOURN

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.

**These matters constitute a sufficient basis for the board to go into closed session pursuant to Iowa Code 21.5(1) (a), to review information required by state or federal law to be kept confidential under Iowa Code 272C.6(4) and pursuant to Iowa Code 21.5(1)(d) to discuss whether to initiate licensee disciplinary investigations or proceedings.

DENTAL BOARD [650]

Pursuant to the authority of Iowa Code sections 147.76 and 272C.2, the Dental Board adopts an amendment to Chapter 10, "General Requirements," Iowa Administrative Code.

The purpose of the amendments are as follows: to clarify that the removal of adhesives and the preliminary charting of existing dental restorations and teeth are permissible services a dental hygienist may perform under the supervision of a licensed dentist; to permit dental hygienists to perform expanded function procedures which may be delegated by a licensed dentist; to set the education and training requirements for those procedures, and to update the name of the Bureau of Oral and Health Delivery Systems.

Current rules permit a dental hygienist to remove adhesives and to perform the preliminary charting of existing dental restorations and teeth. These amendments would list these specific procedures.

Current rules do not allow a dentist to delegate expanded function procedures to a dental hygienist. These amendments would allow a dentist to delegate expanded function procedures to a dental hygienist. The amendments list each expanded functions procedure, define the supervision requirements when performing each procedure, and set the education and training requirements for the procedure.

These amendments update the change in name of the Oral Health Bureau, to the Bureau of Oral and Health Delivery Systems.

A public hearing was held on July 21, 2015 at 2pm at the offices of the Iowa Dental Board. There was one attendee, Tom Cope, representing the Iowa Dental Hygienists Association, who read previously submitted comments.

There were two written comments received. All written comments supported the amendments.

The Board reviewed and discussed the public comments during their July 23, 2015 open session Board meeting and allowed additional comments from the public.

The amendment was approved by the Board on August 13, 2015.

After analysis and review of this rule making, a positive impact on jobs has been found for dental hygienists who will now be able to perform additional procedures.

These amendments are intended to implement Iowa Code section 153.15.

The following amendments are adopted.

ITEM 1. Amend subrule **650—10.3(1)** as follows:

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; (7) removal of adhesives.

ITEM 2. Amend subrule **650—10.3(1)** as follows:

d. Diagnostic. Reviewing medical and dental health histories; performing oral inspection; indexing dental and periodontal disease; preliminary charting of existing dental restorations and teeth; making occlusal registrations for mounting study casts; testing pulp vitality; analyzing dietary surveys.

ITEM 3. Adopt the following new subrule **650—10.3(8)**

10.3(8) Expanded Function Requirements

- a. **Supervision requirements.** A dental hygienist may only perform expanded function procedures which are delegated by and performed under the supervision of a dentist licensed pursuant to Iowa Code chapter 153. The taking of occlusal registrations for purposes other than mounting study casts may be performed under general supervision; all other expanded function procedures shall be performed under direct supervision.
- b. **Expanded Function training required.** A dental hygienist shall not perform any expanded function procedures listed in this chapter unless the dental hygienist has successfully met the education and training requirements and is in compliance with the requirements of this chapter.
- c. **Education and training requirements.** All expanded function procedure training must be prior-approved by the Board. The supervising dentist and the dental hygienist shall be responsible for maintaining in each office of practice documentation of successful completion of the board approved training.

- d. Expanded function procedure training for Level 1 procedures 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 (ADA) or another program, 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.
 - 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.
- e. Expanded function procedure training for Level 2 procedures shall be eligible for board approval if the training is offered through the University of Iowa College of Dentistry or a program accredited by the Commission on Dental Accreditation of the American Dental Association.

ITEM 4. Adopt the following new subrule **650—10.3(9)**

10.3(9) Expanded Function Providers.

- a. **Basic Expanded Function Provider.** A dental hygienist who does 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 education and training requirements for those procedures and are in compliance with the requirements of this chapter. A dentist may delegate to a dental hygienist only those Level 1 procedures for which the dental hygienist has received the required expanded function training.
- b. **Certified Level 1 Provider.** A dental hygienist must successfully complete training for all Level 1 expanded function procedures before becoming a certified Level 1 provider. A dentist may delegate any of the following expanded function procedures to a dental hygienist who is a certified Level 1 provider:

Level 1 procedures:

- 1. Taking occlusal registrations for purposes other than mounting study casts ;

2. Placement and removal of gingival retraction;
3. Fabrication and removal of provisional restorations;
4. Applying cavity liners and bases and bonding systems for restorative purposes;
5. Taking final impressions

c. Certified Level 2 Provider. A dental hygienist must become a certified Level 1 provider and successfully pass a Board-approved entrance exam with a score of at least 75% before beginning training to become a certified Level 2 provider. A dental hygienist must successfully complete training for all Level 2 expanded function procedures before becoming a certified Level 2 provider. A dentist may delegate any of the Level 1 or Level 2 expanded function procedures to a dental hygienist who is a certified Level 2 provider:

Level 2 procedures:

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. Tissue conditioning (soft relines only);

These procedures refer to both primary and permanent teeth.

ITEM 5. Amend subrule **650—10.5(3)d.** as follows:

d. A copy of the written agreement for public health supervision shall be filed with the ~~Oral Health Bureau~~ Bureau of Oral and Health Delivery Systems, Iowa Department of Public Health, Lucas State Office Building, 321 E. 12th Street, Des Moines, Iowa 50319.

ITEM 6. Amend subrule **650—10.5(4)** Reporting requirements as follows:

Each dental hygienist who has rendered services under public health supervision must complete a summary report at the completion of a program or, in the case of an ongoing program, at least annually. The report shall be filed with the ~~oral health bureau~~ Bureau of Oral and Health Delivery Systems of the Iowa department of public health on forms provided by the department and shall include information related to the number of patients seen

and services provided ~~to enable~~ so that the department ~~to~~ may assess the impact of the program. The department will provide summary reports to the board on an annual basis.

BEFORE THE IOWA DENTAL BOARD

Petition by Rebecca Pike }
for the waiver of 650 IAC 11.7 (b) } PETITION FOR WAIVER
relating to Local anesthesia application requirements }
}

1. Petitioner's name, address, and telephone number. All communications concerning the petition can be directed to the address, phone, and e-mail address listed below.

Name: Rebecca Pike

Address: 21072 135th St Whiting, IA 51063

Work Telephone: _____

Home Phone: 712-455-2526

Cell phone, if desired: 712-420-2128

Email: pike0806@gmail.com

2. I am requesting a waiver of 650 Iowa Administrative Code subrule 11.7(b).

3. I am requesting a waiver of 650 Iowa Administrative Code subrule 11.7(b), which requires formal training to administer local anesthesia within 12 months of application.

In lieu of the fact that training is no longer offered outside of Dental Hygiene curriculum,

I would like the board to accept the following: Formal training at Mankato State University in 1998 and 11 years of local anesthesia administration experience.
(List specific training at accredited schools or other relevant information).

(Below, list any additional relevant information)

In addition, I would be a better hygienist for my employer to help with the efficiency of the dental practice by allowing me to have my local anesthesia permit.

After being home for the past 6 years, taking care of home obligations and children I am

ready to go back into the dental setting as a dental hygienist.

4. Explain the relevant facts and reasons that the petitioner believes justify a waiver. Include in your answer all of the following:

a. Undue Hardship. As a Dental Hygienist without a local anesthesia permit I would not be as effective in a dental practice.

(Insert any other information to justify undue hardship)

b. Why Waiving the Rule Would Not Prejudice the Substantial Legal Rights of Any Person.
Waiver of the rule would not prejudice the substantial legal rights of any person because _____
of my formal training and my 11 years of employment using my anesthesia permit for
local anesthetic.

This ensures and protects public health, safety, and welfare.

c. The Provisions of the Rule Subject to the Waiver are NOT Specifically Mandated by Statute or Another Provision of Law. Iowa Code Chapter 153 does not mandate the requirements of rule 650— 11.7 (b) _____.

d. Substantially Equal Protection of the Public Health, Safety, and Welfare has been Afforded by granting me local a local anesthetic permit I can do some on the job training to review techniques in administering local anesthesia since formal training is no
longer offered.

The subrule that I am requesting a waiver from helps to ensure that a Dental Hygienist
is capable and knowledgeable about administering local anesthetic to keep patients
safe.

5. A history of prior contacts between the board and petitioner related to the regulated activity is as follows.

I recently sent in my application for reactivation of my Dental Hygiene license.

6. Information related to the board's action in similar cases: I am not aware of any specific
cases of 650 11.7 (b) waiver requests but know it has been done.

7. There is no other public agency or political subdivision that regulates dentistry in Iowa. Are there any public agencies or political subdivisions that would be affected by your request? If yes, please provide the name, address and other contact information below. Yes No

8. I am not aware of any person or entity that would be adversely affected by the granting of a waiver in this case.

9. Provide the name, address, and telephone number of any person with knowledge of the relevant facts relating to the proposed waiver, if any.

Sheila Duarte, DDS & Soni Gelinne, DDS (Family 1st Dental, Onawa)

909 Iowa Avenue

Onawa, IA 51040 (712)433-3937

10. I hereby authorize the Board to obtain any information relating to this waiver request from the individuals named herein. I will provide signed releases of information if necessary.

I hereby attest to the accuracy and truthfulness of the above information.

Rebecca Pitt
Petitioner's signature

8-4-15
Date

August 4, 2015

Re: Rebecca (Becky) Pike

To Whom It May Concern,

I am a practicing dentist and am writing this letter to attest to Becky Pike's ability as a hygienist. Becky worked for me from 1999-2009 and during her employment at my office, she was very qualified to administer anesthesia to the patients. Her role included delivering anesthesia to her perio patients as well as all the patients in both doctor's' schedule needing restorations. She always displayed excellent ability in delivering the anesthesia to patients.

Even though Becky has not been in practice for a few years, I have no doubt she will soon be at the level she was when she left. The competence that she displayed while she was working qualifies her to have the requirement of anesthesia training waived. I know that she will do all she can insure her skills are excellent while she is taking care of her patients. I recommend waiving the requirement of anesthesia training and will attest to her abilities as a hygienist and delivering anesthesia.

Please feel free to contact me if further information is needed.

Sincerely,

Sheila M. Duarte, D.D.S.
909 Iowa Ave
Onawa, IA 51040
712-433-3937
sduartedds@gmail.com