



STATE OF IOWA

IOWA DENTAL BOARD

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

JILL STUECKER
EXECUTIVE DIRECTOR

TELECONFERENCE

IOWA DENTAL BOARD

AGENDA

February 25, 2015

12:30 p.m.

Location: The public can participate in the public 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# |
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Board Members: *Steve Bradley, D.D.S., Board Chair; Steven Fuller, D.D.S., Board Vice Chair; Matthew McCullough, D.D.S., Board Secretary; Kaaren Vargas, D.D.S.; Tom Jeneary, D.D.S.; Mary Kelly, R.D.H.; Nancy Slach, R.D.H.; Diane Meier, Public Member; Lori Elmitt, Public Member*

I. CALL MEETING TO ORDER – ROLL CALL

II. OPPORTUNITY FOR PUBLIC COMMENT

III. DECISION AND ORDER: IN THE MATTER OF LISA M. KUCERA, CASE NO. 14-0041

IV. ADMINISTRATIVE RULES

- a. Vote on Notice of Intended Action – Iowa Administrative Code 650—Chapter 1 “Definitions”
- b. Vote on Notice of Intended Action – Iowa Administrative Code 650—Chapter 20 “Dental Assistants”

V. OTHER BUSINESS

- a. Expanded Functions Course Approval – Current Expanded Functions
 - i. Lifepoint Dental
 - ii. Impact Dental Training
- b. Lance Forbes, DDS – Approval for Prescribing Course

- c. Update on Senate File 200 “*A bill for an act relating to the employment and duties of the executive director of the dental board*”
- d. Update on House File 202 “*A bill related to licensure of retired volunteer dentists and dental hygienists*”

VI. 2nd OPPORTUNITY FOR PUBLIC COMMENT

VII. 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.

DENTAL BOARD [650]

Notice of Intended Action

Pursuant to the authority of Iowa Code sections 147.76 and 272C.2, the Dental Board hereby gives Notice of Intended Action to amend Chapter 1, "Administration," Iowa Administrative Code.

The purpose of the proposed amendment is to clarify the definition of "General supervision of a dental assistant" and to add the use of a curing light and intraoral camera to the list of services that can be delegated to a dental assistant under general supervision. It also serves to ensure that the definition of general supervision of a dental assistant is consistent in both Chapter 1.1 and Chapter 20.

Current rules regarding the general supervision of a dental assistant have consistently been interpreted to require that a dentist first examine the patient prior to delegating services to be provided by a dental assistant. This amendment clearly specifies this requirement and adds to the list of services which can be delegated to a dental assistant under general supervision

Any interested person may make written comments on the proposed new rules on or before _____, 2015. Such written materials should be directed to Phil McCollum, Associate Director, Iowa Dental Board, 400 S.W. Eighth Street, Suite D, Des Moines, IA 50309 or sent by email to phil.mccollum@iowa.gov.

There will be a public hearing on _____, 2015 at _____pm in the Board office, 400 S.W. Eighth Street, Suite D, Des Moines, Iowa, at which time persons may present their views orally or in writing.

The proposed rules are subject to waiver or variance pursuant to 650-chapter 7.

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

TITLE I
GENERAL PROVISIONS

CHAPTER 1
ADMINISTRATION

[Prior to 5/18/88, Dental Examiners, Board of[320]]

650—1.1(153) Definitions. As used in these rules:

“*Accredited school*” means a dental, dental hygiene, or dental assisting education program accredited by the American Dental Association Commission on Dental Accreditation.

“*Board*” means the board of dental examiners.

“*Chapter*” means Iowa Code chapter 153.

“*Coronal polish*” means an adjunctive procedure that must also include removal of any calculus, if present, by a dentist or dental hygienist. Coronal polishing of teeth using only a rotary instrument and a rubber cup or brush for such purpose, when performed at the direction of and under the supervision of a licensed dentist, is deemed not to be the giving of prophylactic treatment.

“*Dental hygiene committee*,” as defined in Iowa Code section 153.33A, means the dental hygiene committee of the board of dental examiners.

“*Department*” means the department of public health.

“*Direct supervision*” means that the dentist is present in the treatment facility, but it is not required that the dentist be physically present in the treatment room.

“*General supervision of a dental assistant*” means that a dentist has examined the patient and has delegated the services to be provided by a registered dental assistant, which are limited to all extraoral duties, dental radiography, ~~and~~ intraoral suctioning, and use of a curing light and intraoral camera. The dentist need not be present in the facility while these services are being provided.

“*General supervision of a dental hygienist*” means that a dentist has examined the patient and has prescribed authorized services to be provided by a dental hygienist. The dentist need not be present in the facility while these services are being provided. If a dentist will not be present, the following requirements shall be met:

1. Patients or their legal guardians must be informed prior to the appointment that no dentist will be present and therefore no examination will be conducted at that appointment.
2. The hygienist must consent to the arrangement.
3. Basic emergency procedures must be established and in place and the hygienist must be capable of implementing these procedures.
4. The treatment to be provided must be prior prescribed by a licensed dentist and must be entered in writing in the patient record.

“*Inactive status*” means the status of a practitioner licensed or registered pursuant to Iowa Code chapter 153 who is not currently engaged in the practice of dentistry, dental hygiene, or dental assisting in the state of Iowa and who has paid the required renewal fee but who has not met the requirements for continuing education.

“*Lapsed license*,” “*permit*,” or “*registration*” means a license, permit, or registration that a person has failed to renew as required or the license, permit, or registration of a person who failed to meet stated obligations for renewal within a stated time. A person whose license, permit, or registration has lapsed continues to hold the privilege of licensure or registration in Iowa, but may not practice dentistry, dental hygiene, or dental assisting until the license, permit, or registration is reinstated.

“*License*” means a certificate issued to a person to practice as a dentist or dental hygienist under the laws of this state.

“*Licensee*” means a person who has been issued a certificate to practice as a dentist or dental hygienist under the laws of this state.

“*Overpayment*” means payment in excess of the required fee. Overpayment of less than \$10 received by the board shall not be refunded.

“*Peer review*” as defined in Iowa Code section 272C.1(7) means evaluation of professional services rendered by a licensee or registrant.

“*Peer review committee*” as defined in Iowa Code section 272C.1(8) means one or more persons acting in a peer review capacity pursuant to these rules.

“*Personal supervision*” means the dentist is physically present in the treatment room to oversee and direct all intraoral or chairside services of the dental assistant trainee and a licensee or registrant is physically present to oversee and direct all extraoral services of the dental assistant.

“*Practice of dentistry*” as defined in Iowa Code section 153.13 includes the rendering of professional services in this state as an employee or independent contractor or the rendering of any dental decisions, including diagnosing, treatment planning, determining the appropriateness of proposed dental care, or engaging in acts that constitute the practice of dentistry.

The following classes of persons shall also be deemed to be engaged in the practice of dentistry:

1. Persons publicly professing to be dentists, dental surgeons, or skilled in the science of dentistry, or publicly professing to assume the duties incident to the practice of dentistry.

2. Persons who perform examinations, diagnosis, treatment, and attempted correction by any medicine, appliance, surgery, or other appropriate method of any disease, condition, disorder, lesion, injury, deformity, or defect of the oral cavity and maxillofacial area, including teeth, gums, jaws, and associated structures and tissue, which methods by education, background, experience, and expertise are common to the practice of dentistry.

3. Persons who offer to perform, perform, or assist with any phase of any operation incident to tooth whitening, including the instruction or application of tooth whitening materials or procedures at any geographic location. For purposes of this paragraph, “tooth whitening” means any process to whiten or lighten the appearance of human teeth by the application of chemicals, whether or not in conjunction with a light source.

“*Registrant*” means a person who has been issued a certificate to practice as a dental assistant under the laws of this state.

“*Registration*” means a certificate issued to a person to practice as a dental assistant under the laws of this state.

This rule is intended to implement Iowa Code sections 147.1(2), 147.13, 147.30, 147.76, 147.80, 153.13 and 153.15, and chapter 272C.

[ARC 8369B, IAB 12/16/09, effective 1/20/10]

650—1.2(17A,147,153,272C) Purpose of the board. The purpose of the board is to protect public health, safety, and welfare by administering, interpreting, and enforcing the provisions of law that relate to the practice of dentistry, dental hygiene, and dental assisting. In pursuit of this mission, the board performs these primary functions:

1.2(1) Administers examinations for the testing of dentists, dental hygienists, and dental assistants;

1.2(2) Issues licenses, registrations, certificates, and permits to qualified practitioners;

1.2(3) Sets standards for license, registration, and permit renewal and continuing education;

1.2(4) Enforces Iowa laws regulating the practice of dentistry, dental hygiene, and dental assisting;

1.2(5) Investigates complaints concerning violations of the dental practice Act and rules;

1.2(6) Conducts disciplinary hearings and monitors the compliance of licensees or registrants with board orders; and

1.2(7) Adopts rules and establishes standards for practitioners pursuant to its authority under the Iowa Code and administrative rules.

650—1.3(17A,147,153) Organization of the board.

1.3(1) The board shall be composed of five members licensed to practice dentistry, two members licensed to practice dental hygiene and two members not licensed to practice dentistry or dental hygiene and who shall represent the general public. All members are appointed by the governor, subject to confirmation by the senate.

1.3(2) Five members of the board shall constitute a quorum for the purpose of conducting business.

1.3(3) The dental hygiene committee of the board shall be composed of the two dental hygiene members of the board and one dentist member of the board. The dentist member will be elected annually to serve on the committee by a majority vote of the board. The dentist member of the committee must have supervised and worked in collaboration with a dental hygienist for a period of at least three years immediately preceding election to the committee.

1.3(4) Two members of the dental hygiene committee shall constitute a quorum for the purpose of conducting business.

1.3(5) Committees of the board may be appointed by the board chairperson and shall not constitute a quorum of the board. The board chairperson shall appoint committee chairpersons. Committees of the board may include the executive committee, licensure committee, grievance committee, continuing education advisory committee, and dental assistant committee.

650—1.4(153) Organization of the dental hygiene committee.

1.4(1) All matters regarding the practice, discipline, education, examination, and licensure of dental hygienists will be initially directed to the dental hygiene committee. The committee shall have the authority to adopt recommendations regarding the practice, discipline, education, examination, and licensure of dental hygienists and shall carry out duties as assigned by the board. Recommendations by the committee shall include a statement and documentation supporting its recommendation to the board. The board shall review all committee recommendations. The recommendations shall be ratified by the board unless the board makes a specific written finding that the recommendation exceeds the jurisdiction or expands the scope of the committee beyond the authority granted in subrule 1.4(2), creates an undue financial impact on the board, or is not supported by the record. The board may not amend a committee recommendation without the concurrence of the majority of the members of the dental hygiene committee.

1.4(2) This rule shall not be construed as impacting or changing the scope of practice of the profession of dental hygiene or authorizing the independent practice of dental hygiene.

1.4(3) The committee shall not have regulatory or disciplinary authority with regard to dentists, dental assistants, dental lab technicians, or other auxiliary dental personnel.

This rule is intended to implement Iowa Code section 153.33A.

650—1.5(17A,153) Information. Members of the public may obtain information from or submit requests relating to the practice of dentistry, dental hygiene, or dental assisting, continuing education, or any other matter to the Executive Director, Iowa Board of Dental Examiners, 400 SW 8th Street, Suite D, Des Moines, Iowa 50309-4687.

650—1.6(17A,147,153) Meetings.

1.6(1) The board shall hold an annual meeting each year in Des Moines to elect officers and conduct other business. Officers of the board shall consist of a chairperson, vice chairperson, and secretary. Officers shall assume their duties immediately following their election at the annual meeting.

1.6(2) The board may hold additional meetings as the chairperson, vice chairperson, or majority of the board deems necessary. Written notices stating the time and place of the meetings shall be provided consistent with the open meetings law.

1.6(3) The dental hygiene committee shall hold an annual meeting each year in Des Moines, Iowa, to elect officers and conduct other business. Officers of the committee shall consist of a chairperson, vice chairperson, and secretary. Officers shall assume their duties immediately following their election at the annual meeting.

1.6(4) The dental hygiene committee may hold additional meetings as the chairperson, vice chairperson, or majority of the committee deems necessary.

1.6(5) Dates and location of board meetings may be obtained from the board's office. Except as otherwise provided by statute, all board meetings shall be open and the public shall be permitted to attend.

These rules are intended to implement Iowa Code sections 17A.3, 147.14(4), 147.22, and 153.33A(1).

[Filed 8/23/78, Notice 6/28/78—published 9/20/78, effective 10/25/78]

[Filed 12/14/84, Notice 10/10/84—published 1/2/85, effective 2/6/85]

[Filed 4/28/88, Notice 3/23/88—published 5/18/88, effective 6/22/88]

[Filed 9/21/89, Notices 5/31/89, 7/12/89—published 10/18/89, effective 11/22/89]

[Filed 4/21/95, Notice 2/15/95—published 5/10/95, effective 6/14/95]

[Filed 10/30/98, Notice 5/20/98—published 11/18/98, effective 12/23/98]

[Filed 1/22/99, Notice 11/18/98—published 2/10/99, effective 3/17/99]

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[Filed 1/19/01, Notice 11/15/00—published 2/7/01, effective 3/14/01]

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[Filed 8/29/02, Notice 7/10/02—published 9/18/02, effective 10/23/02]

[Filed 7/1/04, Notice 5/12/04—published 7/21/04, effective 8/25/04]

[Filed 4/22/05, Notice 2/2/05—published 5/11/05, effective 6/15/05]

[Filed 2/5/07, Notice 11/22/06—published 2/28/07, effective 4/4/07]

[Filed ARC 8369B (Notice ARC 8044B, IAB 8/12/09), IAB 12/16/09, effective 1/20/10]

DENTAL BOARD [650]

Notice of Intended Action

Pursuant to the authority of Iowa Code sections 147.76 and 272C.2, the Dental Board hereby gives Notice of Intended Action to amend Chapter 20, "Dental Assistants," Iowa Administrative Code.

The purpose of the proposed amendment is as follows: to clarify general supervision requirements for dental assistants, add to the list of permissible services a dental assistant may perform under general supervision, increase the number of expanded function procedures which may be delegated to a registered dental assistant and set the education and training requirements for those procedures, and to permit registered dental assistants to work under public health supervision in certain settings.

Current rules regarding the general supervision of a dental assistant have consistently been interpreted to require that a dentist first examine the patient prior to delegating services to be provided by a dental assistant. This amendment clearly specifies this requirement.

This amendment increases the number of services a dentist may delegate to a dental assistant under general supervision by adding the use of a curing light and intraoral camera.

Current rules authorize a licensed dentist to delegate nine expanded function procedures to a properly trained registered dental assistant. This amendment would increase the number of procedures to sixteen procedures, define the supervision requirements when performing all expanded functions, and set education and training requirements for all expanded functions.

Current rules authorize dental assistants to work under the personal, direct, or general supervision of a licensed dentist. This amendment would authorize an Iowa licensed dentist to provide public health supervision to a registered dental assistant if the services are provided in a public or private school, public health agencies, hospitals, or the armed forces.

Any interested person may make written comments on the proposed new rules on or before _____, 2015. Such written materials should be directed to Phil McCollum, Associate Director, Iowa Dental Board, 400 S.W. Eighth Street, Suite D, Des Moines, IA 50309 or sent by email to phil.mccollum@iowa.gov.

There will be a public hearing on _____, 2015 at ___pm in the Board office, 400 S.W. Eighth Street, Suite D, Des Moines, Iowa, at which time persons may present their views orally or in writing.

The proposed rules are subject to waiver or variance pursuant to 650-chapter 7.

After analysis and review of this rule making, there is a positive impact on jobs for dental assistants, who will now be able to perform more procedures and work in more settings.

TITLE IV
AUXILIARY PERSONNEL
CHAPTER 20
DENTAL ASSISTANTS
[Prior to 5/18/88, Dental Examiners, Board of[320]]

650—20.1(153) Registration required. A person shall not practice on or after July 1, 2001, as a dental assistant unless the person has registered with the board and received a certificate of registration pursuant to this chapter.

650—20.2(153) Definitions. As used in this chapter:

“*Dental assistant*” means any person who, under the supervision of a dentist, performs any extraoral services including infection control or the use of hazardous materials or performs any intraoral services on patients. 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.

“*Direct supervision*” means that the dentist is present in the treatment facility, but it is not required that the dentist be physically present in the treatment room while the registered dental assistant is performing acts assigned by the dentist.

“*General supervision*” means that a dentist has examined the patient and has delegated the services to be provided by a registered dental assistant, which are limited to all extraoral duties, dental radiography, intraoral suctioning, and use of a curing light and intraoral camera. The dentist need not be present in the facility while these services are being provided.

“*Personal supervision*” means the dentist is physically present in the treatment room to oversee and direct all intraoral or chairside services of the dental assistant and a licensee or registrant is physically present to oversee and direct all extraoral services of the dental assistant.

“*Public health supervision*” means all of the following:

a. The dentist authorizes and delegates the services provided by a registered dental assistant to a patient in a public health setting, with the exception that services may be rendered without the patient’s first being examined by a licensed dentist;

b. The dentist is not required to provide future dental treatment to patients served under public health supervision;

c. The dentist and the registered dental assistant have entered into a written supervision agreement that details the responsibilities of each licensee/registrant, as specified in subrule 20.16(2); and

d. The registered dental assistant has an active Iowa registration with a minimum of three years of clinical practice experience.

“*Trainee status expiration date*” means the date established by the board office which is 12 months from a person’s first date of employment as a dental assistant. The trainee status expiration date is the date by which a trainee must successfully complete requirements and become registered as a dental assistant, pursuant to Iowa Code section 153.39.

[ARC 8369B, IAB 12/16/09, effective 1/20/10; ARC 0465C, IAB 11/28/12, effective 1/2/13]

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 or orthodontic 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. 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(3) 20.3(4) 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—20.4 Expanded Functions

20.4(1) Supervision requirements. Registered dental assistants may only perform expanded function procedures which are delegated by and performed under the direct supervision of a dentist licensed pursuant to Iowa Code chapter 153. Dental assistant trainees are not eligible to perform expanded function procedures.

20.4(2) Expanded Function training required. Registered dental assistants shall not perform any expanded function procedures listed in this chapter unless the assistant has successfully met the educational and training requirements of 650—20.4(3) and is in compliance with the requirements of this chapter.

20.4(3) Educational and training requirements. All expanded function procedure training must be prior-approved by the Board. The supervising dentist and the registered dental assistant shall be responsible for maintaining in each office of practice, documentation of successful completion of the board approved training.

a. 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 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. 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 (1) year of clinical practice 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.

b. 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.

20.4(4) Expanded function procedures.

- a. **Basic Expanded Function Provider.** Registered dental assistants who do not wish to become certified as a Level 1 or Level 2 provider may perform select Level 1 expanded function procedures provided that they have met the educational and training requirements for those procedures pursuant to 650—20.4(3). A dentist may delegate to registered dental assistants only those Level 1 procedures for which the assistant has received the required expanded function training.
- b. **Certified Level 1 Provider.** Registered dental assistants 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 assistants certified as a Level 1 expanded functions provider:

Level 1 procedures:

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

- c. **Certified Level 2 Provider.** Registered dental assistants must be certified as a Level 1 expanded functions provider and successfully pass a Board-approved entrance exam with a score of at least 75% before beginning training as a Level 2 expanded functions provider. Registered dental assistants must successfully complete training for all Level 2 expanded function procedures before becoming certified as a Level 2 expanded functions provider. A dentist may delegate any of the Level 1 or Level 2 expanded function duties to a registered dental assistant certified as a Level 2 expanded functions 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 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—~~20.5~~ 20.4(153) Categories of dental assistants: dental assistant trainee, registered dental assistant.

There are two categories of dental assistants. Both the supervising dentist and dental assistant are responsible for maintaining documentation of training. Such documentation must be maintained in the office of practice and shall be provided to the board upon request.

~~20.5~~ 20.4 (1) Dental assistant trainee. Dental assistant trainees are all individuals who are engaging in on-the-job training to meet the requirements for registration and who are learning the necessary skills under the personal supervision of a licensed dentist. Trainees may also engage in on-the-job training in dental radiography pursuant to 650—22.3(136C,153).

a. General requirements. The dental assistant trainee shall meet the following requirements:

(1) Prior to the trainee status expiration date, the dental assistant trainee shall successfully complete a course of study and examination in the areas of infection control, hazardous materials, and jurisprudence. The course of study shall be prior approved by the board and sponsored by a board-approved postsecondary school.

(2) Prior to the trainee status expiration date, the trainee must apply to the board office to be reclassified as a registered dental assistant.

(3) If a trainee fails to become registered by the trainee status expiration date, the trainee must stop work as a dental assistant.

b. New trainee application required if trainee not registered prior to trainee status expiration date. Pursuant to Iowa Code section 153.39, a person employed as a dental assistant has a 12-month period following the person’s first date of employment to become registered. If not registered by the trainee status expiration date, the trainee must stop work as a dental assistant and reapply for trainee status.

(1) Reapplying for trainee status. A trainee may “start over” as a dental assistant trainee provided the trainee submits an application in compliance with subrule ~~20.7~~ 20-6(1).

(2) Examination scores valid for three years. A “repeat” trainee is not required to retake an examination (jurisprudence, infection control/hazardous materials, radiography) if the trainee has successfully passed the examination within three years of the date of application. If a trainee has failed two or more examinations, the trainee must satisfy the remedial education requirements in subrule ~~20.11~~ 20-10(1). The trainee status application will not be approved until the trainee successfully completes any required remedial education.

(3) New trainee status expiration date issued. If the repeat trainee application is approved, the board office will establish a new trainee status expiration date by which registration must be completed.

(4) Maximum of two “start over” periods allowed. In addition to the initial 12-month trainee status period, a dental assistant is permitted up to two start over periods as a trainee. If a trainee seeks an additional start over period beyond two, the trainee shall submit a petition for rule waiver under 650—Chapter 7.

c. Trainees enrolled in cooperative education or work study programs. The requirements stated in this subrule apply to all dental assistant trainees, including a person enrolled in a cooperative education or work-study program through an Iowa high school. In addition, a trainee under 18 years of age shall not participate in dental radiography.

~~20.5~~ 20.4 (2) Registered dental assistant. A registered dental assistant may perform under general supervision dental radiography, intraoral suctioning, use of a curing light and intraoral camera, and all extraoral duties that are assigned by the dentist and are consistent with these rules. During intraoral procedures, the registered dental assistant may, under direct supervision, assist the dentist in performing duties assigned by the dentist that are consistent with these rules. The registered dental assistant may take radiographs if qualified pursuant to 650—Chapter 22.

[ARC 0465C, IAB 11/28/12, effective 1/2/13]

650—~~20.6~~ 20.5(153) Registration requirements prior to July 2, 2001.

~~20.6~~ 20.5 (1) A person employed as a dental assistant as of July 1, 2001, shall be registered with the board as a registered dental assistant without meeting the application requirements specified in 650—20.6(153), provided the application is postmarked by July 1, 2001.

~~20.6~~ 20.5 (2) Applications for registration prior to July 2, 2001, must be filed on official board forms and

include the following:

- a. The fee as specified in 650—Chapter 15.
- b. Evidence of current employment as a dental assistant as demonstrated by a signed statement from the applicant's employer.
- c. Evidence of current certification in dental radiography pursuant to 650—Chapter 22 if engaging in dental radiography.

20.6 20.5 (3) Applications must be signed and verified by the applicant as to the truth of the documents and statements contained therein.

650—20.7 20.6(153) Registration requirements after July 1, 2001. Effective July 2, 2001, dental assistants must meet the following requirements for registration:

20.7 20.6 (1) Dental assistant trainee.

a. On or after May 1, 2013, a dentist supervising a person performing dental assistant duties must ensure that the person has been issued a trainee status certificate from the board office prior to the person's first date of employment as a dental assistant. A dentist who has been granted a temporary permit to provide volunteer services for a qualifying event of limited duration pursuant to 650—subrule 13.3(3), or an Iowa-licensed dentist who is volunteering at such qualifying event, is exempt from this requirement for a dental assistant who is working under the dentist's supervision at the qualifying event.

b. Applications for registration as a dental assistant trainee must be filed on official board forms and include the following:

- (1) The fee as specified in 650—Chapter 15.
- (2) Evidence of high school graduation or equivalent.
- (3) Evidence the applicant is 17 years of age or older.
- (4) Any additional information required by the board relating to the character and experience of the applicant as may be necessary to evaluate the applicant's qualifications.
- (5) If the applicant does not meet the requirements of (2) and (3) above, evidence that the applicant is enrolled in a cooperative education or work-study program through an Iowa high school.

c. Prior to the trainee status expiration date, the dental assistant trainee is required to successfully complete a board-approved course of study and examination in the areas of infection control, hazardous materials, and jurisprudence. The course of study may be taken at a board-approved postsecondary school or on the job using curriculum approved by the board for such purpose. Evidence of meeting this requirement prior to the trainee status expiration date shall be submitted by the employer dentist.

d. Prior to the trainee status expiration date, the dental assistant trainee's supervising dentist must ensure that the trainee has received a certificate of registration before performing any further dental assisting duties.

20.7 20.6 (2) Registered dental assistant.

a. To meet this qualification, a person must:

- (1) Work in a dental office for six months as a dental assistant trainee; or
- (2) If licensed out of state, have had at least six months of prior dental assisting experience under a licensed dentist within the past two years; or
- (3) Be a graduate of an accredited dental assisting program approved by the board; and
- (4) Be a high school graduate or equivalent; and
- (5) Be 17 years of age or older.

b. Applications for registration as a registered dental assistant must be filed on official board forms and include the following:

- (1) The fee as specified in 650—Chapter 15.
- (2) Evidence of meeting the requirements specified in **20.7 20.6(2)“a.”**
- (3) Evidence of successful completion of a course of study approved by the board and sponsored by a board-approved, accredited dental assisting program in the areas of infection control, hazardous materials, and jurisprudence. The course of study may be taken at a board-approved, accredited dental assisting program or on the job using curriculum approved by the board for such purpose.
- (4) Evidence of successful completion of a board-approved examination in the areas of infection control, hazardous materials, and jurisprudence.

- (5) Evidence of high school graduation or the equivalent.
- (6) Evidence the applicant is 17 years of age or older.
- (7) Evidence of meeting the qualifications of 650—Chapter 22 if engaging in dental radiography.
- (8) A statement:

1. Confirming that the applicant possesses a valid certificate from a nationally recognized course in cardiopulmonary resuscitation (CPR) that included a “hands-on” clinical component;
2. Providing the expiration date of the CPR certificate; and
3. Acknowledging that the CPR certificate will be retained and made available to board office staff as part of routine auditing and monitoring.

(9) Any additional information required by the board relating to the character, education and experience of the applicant as may be necessary to evaluate the applicant’s qualifications.

20.7 20.6 (3) Rescinded IAB 9/17/03, effective 10/22/03.

20.7 20.6 (4) All applications must be signed and verified by the applicant as to the truth of the documents and statements contained therein.

[**ARC 8369B**, IAB 12/16/09, effective 1/20/10; **ARC 0265C**, IAB 8/8/12, effective 9/12/12; **ARC 0465C**, IAB 11/28/12, effective 1/2/13]

650—20.8 20.7(153) Registration denial. The board may deny an application for registration as a dental assistant for any of the following reasons:

1. Failure to meet the requirements for registration as specified in these rules.
2. Pursuant to Iowa Code section 147.4, upon any of the grounds for which registration may be revoked or suspended as specified in 650—Chapter 30.

650—20.9 20.8(147,153) Denial of registration—appeal procedure. The board shall follow the procedures specified in 650—11.10(147) if the board proposes to deny registration to a dental assistant applicant.

This rule is intended to implement Iowa Code sections 147.3, 147.4 and 147.29.

[**ARC 7789B**, IAB 5/20/09, effective 6/24/09]

650—20.10 20.9(153) Examination requirements. Beginning July 2, 2001, applicants for registration must successfully pass an examination approved by the board on infection control, hazardous waste, and jurisprudence.

20.10 20.9 (1) Examinations approved by the board are those administered by the board or board’s approved testing centers or the Dental Assisting National Board Infection Control Examination, if taken after June 1, 1991, in conjunction with the board-approved jurisprudence examination. In lieu of the board’s infection control examination, the board may approve an infection control examination given by another state licensing board if the board determines that the examination is substantially equivalent to the examination administered by the board.

20.10 20.9 (2) Information on taking the examination may be obtained by contacting the board office at 400 S.W. 8th Street, Suite D, Des Moines, Iowa 50309-4687.

20.10 20.9 (3) An examinee must meet such other requirements as may be imposed by the board’s approved dental assistant testing centers.

20.10 20.9 (4) A dental assistant trainee must successfully pass the examination within 12 months of the first date of employment. A dental assistant trainee who does not successfully pass the examination within 12 months shall be prohibited from working as a dental assistant until the dental assistant trainee passes the examination in accordance with these rules.

20.10 20.9 (5) A score of 75 or better on the board infection control/hazardous material exam and a score of 75 or better on the board jurisprudence exam shall be considered successful completion of the examination. The board accepts the passing standard established by the Dental Assisting National Board for applicants who take the Dental Assisting National Board Infection Control Examination.

20.10 20.9 (6) The written examination may be waived by the board, in accordance with the board’s waiver rules at 650—Chapter 7, in practice situations where the written examination is deemed to be unnecessary or detrimental to the dentist’s practice.

650—~~20.11~~ ~~20.10~~(153) System of retaking dental assistant examinations.

~~20.11~~ ~~20.10~~ (1) *Second examination.*

a. On the second examination attempt, a dental assistant shall be required to obtain a score of 75 percent or better on each section of the examination.

b. A dental assistant who fails the second examination will be required to complete the remedial education requirements set forth in subrule ~~20.11~~ ~~20.10~~ (2).

~~20.11~~ ~~20.10~~ (2) *Third and subsequent examinations.*

a. Prior to the third examination attempt, a dental assistant must submit proof of additional formal education in the area of the examination failure in a program approved by the board or sponsored by a school accredited by the Commission on Dental Accreditation of the American Dental Association.

b. A dental assistant who fails the examination on the third attempt may not practice as a dental assistant in a dental office or clinic until additional remedial education approved by the board has been obtained.

c. For the purposes of additional study prior to retakes, the fourth or subsequent examination failure shall be considered the same as the third.

650—~~20.12~~ ~~20.11~~(153) Continuing education. Beginning July 1, 2001, each person registered as a dental assistant shall complete 20 hours of continuing education approved by the board during the biennium period as a condition of registration renewal.

~~20.12~~ ~~20.11~~ (1) At least two continuing education hours must be in the subject area of infection control.

~~20.12~~ ~~20.11~~ (2) A maximum of three hours may be in cardiopulmonary resuscitation.

~~20.12~~ ~~20.11~~ (3) For dental assistants who have radiography qualification, at least two hours of continuing education must be obtained in the subject area of radiography.

~~20.12~~ ~~20.11~~ (4) For the renewal period July 1, 2001, to June 30, 2003, at least one hour of continuing education must be obtained in the subject area of jurisprudence.

[ARC 0265C, IAB 8/8/12, effective 9/12/12]

650—~~20.13~~ ~~20.12~~(252J,261) Receipt of certificate of noncompliance. The board shall consider the receipt of a certificate of noncompliance from the college student aid commission pursuant to Iowa Code sections 261.121 to 261.127 and 650—Chapter 34 or receipt of a certificate of noncompliance of a support order from the child support recovery unit pursuant to Iowa Code chapter 252J and 650—Chapter 33. Registration denial or denial of renewal of registration shall follow the procedures in the statutes and board rules as set forth in this rule.

This rule is intended to implement Iowa Code chapter 252J and sections 261.121 to 261.127.

[ARC 0265C, IAB 8/8/12, effective 9/12/12]

650—~~20.14~~ ~~20.13~~(153) Unlawful practice. A dental assistant who assists a dentist in practicing dentistry in any capacity other than as a person supervised by a dentist in a dental office, or who directly or indirectly procures a licensed dentist to act as nominal owner, proprietor or director of a dental office as a guise or subterfuge to enable such dental assistant to engage directly or indirectly in the practice of dentistry, or who performs dental service directly or indirectly on or for members of the public other than as a person working for a dentist shall be deemed to be practicing dentistry without a license.

[ARC 0265C, IAB 8/8/12, effective 9/12/12]

650—~~20.15~~ ~~20.14~~(153) Advertising and soliciting of dental services prohibited. Dental assistants shall not advertise, solicit, represent or hold themselves out in any manner to the general public that they will furnish, construct, repair or alter prosthetic, orthodontic or other appliances, with or without consideration, to be used as substitutes for or as part of natural teeth or associated structures or for the correction of malocclusions or deformities, or that they will perform any other dental service.

[ARC 0265C, IAB 8/8/12, effective 9/12/12]

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]~~

650—20.16 (153) Public health supervision allowed. A dentist may provide public health supervision to a registered dental assistant if the dentist has an active Iowa license and the services are provided in a public or private school, public health agencies, hospitals, or the armed forces.

20.16(1) Public health agencies defined. For the purposes of this rule, public health agencies include programs operated by federal, state, or local public health departments.

20.16(2) Responsibilities. When working together in a public health supervision relationship, a dentist and registered dental assistant shall enter into a written agreement that specifies the following responsibilities.

- a. The dentist providing public health supervision must:**
- (1) Be available to provide communication and consultation with the registered dental assistant;**
 - (2) Have age- and procedure-specific standing orders for the performance of services. Those standing orders must include consideration for medically compromised patients and medical conditions for which a dental evaluation must occur prior to the provision of services;**
 - (3) Specify a period of time in which an examination by a dentist must occur prior to providing further services.**
 - (4) Specify the location or locations where the services will be provided under public health supervision.**
- b. A registered dental assistant providing services under public health supervision may only provide services which are limited to all extraoral duties, dental radiography, intraoral suctioning, and use of a curing light and must:**
- (1) Maintain contact and communication with the dentist providing public health supervision;**
 - (2) Practice according to age- and procedure-specific standing orders as directed by the supervising dentist, unless otherwise directed by the dentist for a specific patient;**
 - (3) Provide to the patient, parent, or guardian a written plan for referral to a dentist;**
 - (4) Have each patient sign a consent form that notifies the patient that the services that will be received do not take the place of regular dental checkups at a dental office and are meant for people who otherwise would not have access to services; and**
 - (5) Specify a procedure for creating and maintaining dental records for the patients that are treated, including where these records are to be located.**
- c. The written agreement for public health supervision must be maintained by the dentist and the registered dental assistant with a copy to be filed with the Board office within 30 days. The dentist and registered dental assistant must review the agreement at least biennially.**
- d. The registered dental assistant shall file a report annually with the supervising dentist detailing the number of patients seen, the services provided to patients and the infection control protocols followed at each practice location.**
- e. A copy of the agreement shall be filed with the Oral Health Bureau, Iowa Department of Public Health, Lucas State Office Building, 321 E. 12th Street, Des Moines, Iowa 50319.**

20.16(3) Reporting requirements. Each registered dental assistant 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 of the Iowa Department of Public Health on forms provided and include information related to the number of patients seen and services provided to enable the department to assess the impact of the program. The department will provide summary reports to the board on an annual basis.

These rules are intended to implement Iowa Code chapter 153.

[Filed 4/9/79, Notice 10/4/78—published 5/2/79, effective 6/6/79¹]

[Filed 8/3/79, Notice 6/27/79—published 8/22/79, effective 9/26/79]

[Filed 3/20/86, Notice 9/11/85—published 4/9/86, effective 5/14/86]

[Filed 4/28/88, Notice 3/23/88—published 5/18/88, effective 6/22/88]

[Filed 11/19/93, Notices 6/9/93, 8/18/93—published 12/8/93, effective 1/12/94]

[Filed 11/2/95, Notice 8/16/95—published 11/22/95, effective 12/27/95]

[Filed 10/23/00, Notice 8/9/00—published 11/15/00, effective 1/1/01]

[Filed 7/27/01, Notice 5/30/01—published 8/22/01, effective 9/26/01]

[Filed emergency 6/21/02—published 7/10/02, effective 7/1/02]

[Filed 1/30/03, Notice 11/13/02—published 2/19/03, effective 3/26/03]

[Filed 8/29/03, Notice 5/14/03—published 9/17/03, effective 10/22/03]

[Filed 7/1/04, Notice 5/12/04—published 7/21/04, effective 8/25/04]

[Filed 4/22/05, Notice 2/2/05—published 5/11/05, effective 6/15/05]

[Filed emergency 6/30/05—published 7/20/05, effective 7/1/05]

[Filed 2/5/07, Notice 11/22/06—published 2/28/07, effective 4/4/07]

[Filed 1/10/08, Notice 11/7/07—published 1/30/08, effective 3/5/08]

[Filed ARC 7789B (Notice ARC 7575B, IAB 2/11/09), IAB 5/20/09, effective 6/24/09]

[Filed ARC 8369B (Notice ARC 8044B, IAB 8/12/09), IAB 12/16/09, effective 1/20/10]

[Filed ARC 0265C (Notice ARC 0128C, IAB 5/16/12), IAB 8/8/12, effective 9/12/12]

[Filed ARC 0465C (Notice ARC 0170C, IAB 6/13/12), IAB 11/28/12, effective 1/2/13]

[Filed ARC 0985C (Notice ARC 0723C, IAB 5/1/13), IAB 9/4/13, effective 10/9/13]

¹ The Administrative Rules Review Committee at their May 21, 1979, meeting delayed the effective date of Chapters 20 and 21 70 days.

DATE OF MEETING: February 25, 2015
RE: **Recommendations Regarding Expanded Functions Course Approval**
SUBMITTED BY: **Educational Standards for Expanded Functions Task Force**
ACTION REQUESTED: Board Action on Committee Recommendations

TASK FORCE RECOMMENDATION – REQUEST FOR REVIEW OF EXPANDED FUNCTIONS COURSES

The task force has been forwarded the following expanded functions course requests for review:

- Lifepoint Dental – All current expanded functions
- Impact Dental Training, L.L.C. – All current expanded functions

Recommendation*: The responses received to date have recommended approval of the above courses with a recommendation to include some clarification about board rules relating to the use and monitoring of nitrous oxide.

*As of February 17, 2015, three (3) of the seven (7) task force members have responded with their recommendations. Four (4) of the task force members have not yet responded. An updated recommendation will be made at the meeting.

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• Overview

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SCOPE of Pain: Safe and Competent Opioid Prescribing Education

Format

Patient Case Study

Time to Complete

3 hours

Released

March 1, 2013

Expires

February 28, 2016

Click the "Start Activity" button to indicate you have reviewed the CME/CE information for this activity.

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Date of Most Recent Review

March 1, 2014

Maximum Credits

3.00 / *AMA PRA Category 1 Credit(s)*TM

3.00 / AAFP Prescribed Credits

3.00 / CE for Nurses

Accredited Provider



Disclosure of Support

This educational activity is supported by an independent educational grant from the ER/LA Opioid Analgesic REMS Program Companies. Please see www.er-la-opioidREMS.com for a listing of the member companies. This activity is intended to be fully compliant with the ER/LA Opioid Analgesic REMS education requirements issued by the US Food & Drug Administration.

Needs Addressed Statement

Healthcare practitioners who prescribe ER/LA opioid analgesics to treat chronic pain are in a key position to balance the benefits and risks of Chronic Opioid Treatment (COT). The importance of education for HCPs cannot be overstated as, according to a 2011 report by the Institute of Medicine, the social and economic burden of pain nationwide is staggering. The IOM Report found that the annual health economic impact of pain represents a \$560 to \$635 billion burden to the U.S.¹ The escalation of opioid prescribing and the corresponding increase in opioid misuse (including abuse, addiction, overdose, and diversion) have been well documented by both regulatory agencies and the lay press. According to SAMHSA's 2010 National Survey of Drug Use and Health report, among the U.S. population aged 12 or older, nonmedical use of prescription pain relievers was the second most prevalent type of illicit drug use after marijuana use. In addition, mortality rates from unintentional overdose of opioids are increasing dramatically. Despite these concerns, according to the National Institute on Drug Abuse, opioid pain medicines are safe and usually do not cause addiction when managed well medically and taken as prescribed. However, HCPs struggle with the need to assist their patients with adequate management of chronic pain while confronting the risks associated with opioid prescribing.

References

- Institute Of Medicine. *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research*. Washington DC: The National Academies Press. 2011.
- Jamison RN, Clark D. Opioid Medication Management Clinician Beware! *Anesthesiology* 2010;112:777-8.
- Substance Abuse and Mental Health Services Administration. (2010). *Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of National Findings* (Office of Applied Studies, NSDUH Series H-38A, HHS Publication No. SMA 10-4856Findings). Rockville, MD.
- National Institute on Drug Abuse. "Research Report Series - Prescription Drugs: Abuse and Addiction." Available at: <http://www.drugabuse.gov/ResearchReports/Prescription/prescription2.html>. Accessed April 9, 2012.

Intended Audience

Physicians, nurse practitioners, registered nurses, nurses, physician assistants, dentists, and pharmacists

Educational Objectives

Module 1***Assessing Chronic Pain and Opioid Misuse Risk***

At the conclusion of this activity, participants will be able to:

- Discuss prevalence of chronic pain in the US
- Discuss prevalence of the use and misuse of opioid analgesics
- Describe the pharmacology, efficacy and safety of opioid analgesics
- Describe the components of a thorough opioid misuse risk assessment for a potential candidate for chronic opioid therapy

Module 2***Initiating Opioid Therapy Safely***

At the conclusion of this activity, participants will be able to:

- Describe universal precautions and their role in chronic opioid therapy
- Describe monitoring and documentation strategies for chronic opioid therapy
- Describe initiating opioid therapy
- Apply counseling and communication strategies to ensure appropriate and safe use of opioid medications

Module 3***Assessing and Managing Aberrant Medication Taking Behavior***

At the conclusion of this activity, participants will be able to:

- Assess differential diagnosis for aberrant medication taking behavior - Pain relief vs drug seeking
- Assess lack of benefit, increased risk and/or harm
- Determine whether to continue, change or discontinue opioid therapy
- If changing opioids, determine how to rotate opioids
- If discontinuing opioids, determine whether and how to taper opioids

Disclosure Policy

Boston University School of Medicine asks all individuals involved in the development and presentation of Continuing Medical Education (CME) activities to disclose all relationships with commercial interests. This information is disclosed to CME activity participants. Boston University School of Medicine has procedures to resolve apparent conflicts of interest. In addition, faculty members are asked to disclose when any discussion of unapproved use of pharmaceuticals and devices occurs.

Faculty**Daniel P. Alford, MD, MPH, FACP, FASAM
Course Director**

Associate Professor of Medicine and
Assistant Dean of Continuing Medical Education
Boston University School of Medicine
Program Director of the Addiction Medicine Fellowship
Boston Medical Center
Boston, Massachusetts

Dr. Alford has nothing to disclose with regards to commercial support. He does discuss the off-label use of sublingual buprenorphine to treat pain. Buprenorphine has been FDA approved for addiction treatment but not pain treatment.

Seddon Savage, MD, MS, FASAM

Adjunct Associate Professor of Anesthesiology

Dartmouth Medical School

Director, Dartmouth Center on Addiction Recovery and Education

Dartmouth College and Dartmouth Medical School

Hanover, New Hampshire

Dr. Savage has nothing to disclose with regards to commercial support. She does not discuss unlabeled/investigational uses of a commercial product.

Catherine Silva, MD

Director of Adult Medicine

East Boston Neighborhood Health Center

Boston, Massachusetts

Dr. Silva discloses that she is a stockholder in Merck & Co., Inc. owning less than 100 shares. She does not discuss unlabeled/investigational uses of a commercial product.

Lynn Webster, MD, FACPM, FASAM

Chief Medical Director

CRI-Lifetree

President-Elect

American Academy of Pain Medicine

Salt Lake City, UT

Dr. Webster is a consultant for Covidien Mallinckrodt, Medtronic, Nektar Therapeutics, and Salix Pharmaceuticals. He does not discuss unlabeled/investigational uses of a commercial product.

Program Moderator

Judie Yuill, Fill-in News Anchor and Host, WGBH Boston and Exclusive Female Voice, Parlance Corporation, has nothing to disclose with regards to commercial support.

Planning Committee

Patti-Ann Collins, DNP, MSN/MBA, RN, Lead Nurse Planner, BUSM

Ilana Hardesty, Program Operations Manager, BUSM

Colleen Labelle, RN, Nursing Course Advisor, BUSM

Jeffrey Markuns, MD, EdM, independent reviewer

Stephen A. Wyatt, DO, independent reviewer

Jason Worcester, MD, independent reviewer

Planning committee members have nothing to disclose with regards to commercial support.

Advisory Committee

Norman Kahn, MD, Executive Vice-President and CEO, Council of Medical Specialty Societies
Stancel Riley, MD, Lecturer on Surgery, Harvard Medical School and Research Associate, Department of Health Policy Management, Harvard School of Public Health
Lisa Robin, Chief Advocacy Officer, Federation of State Medical Boards

Advisory committee members have nothing to disclose with regards to commercial support.

Credit

3.00

Type

*AMA PRA Category 1 Credit(s)*TM

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Designation Statement

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Credit

3.00

Type

CE for Nurses

Accreditation Statement

Continuing Nursing Education Provider Unit, Boston University School of Medicine is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Designation Statement

CNE Contact Hours: 3.00, all of which is pharmacology credit worthy.

Credit

3.00

Type

AAFP Prescribed Credit

Accreditation Statement

This enduring material activity, SCOPE of Pain: Safe and Competent Opioid Prescribing Education, has been reviewed and is acceptable for up to 3.00 Prescribed credits by the American Academy of Family Physicians. AAFP certification begins March 1, 2013. The term of approval is for one year from this date with the option of yearly renewal. This activity has been approved from March 1, 2014 - February 28, 2016. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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Instructions

Risk Management and Pain Management Credits

Boston University School of Medicine designates this activity for three hours of risk management study and opioid education.

This program meets the criteria of the Massachusetts Board of Registration in Medicine for 3 hours of risk management study and opioid education.

Please check with your licensing board to determine if this activity will fulfill other state-specific requirements.

In order to receive credit, participants must view the content of each module and complete the post-test and evaluation for all three of the modules. Participants who receive a grade of 70% or greater on all three post-tests will receive credit. **All three modules must be completed in order to earn your online certificate of credit** of 3.00 *AMA PRA Category 1 Credit(s)*TM, 3.00 AAFP Prescribed credits, or 3.00 nursing contact hours. There will also be an online follow-up survey that will be distributed two months after completion of the program in order to further measure participants' changes in knowledge and behavior.

Click the "Start Activity" button to indicate you have reviewed the CME/CE information for this activity.

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**BEFORE THE DENTAL BOARD
OF THE STATE OF IOWA**

IN THE MATTER OF:)
)
LANCE P. FORBES, D.D.S.)
)
License #07957)
Respondent)

**SETTLEMENT AGREEMENT
AND FINAL ORDER**

On this 22nd day of January, 2015, the Iowa Dental Board and Lance P. Forbes, D.D.S., each hereby agree as follows:

The licensee disciplinary hearing originally scheduled before the Iowa Dental Board on March 14, 2013, indefinitely continued February 28, 2013, shall be resolved without proceeding to hearing, as the parties have agreed to the following Settlement Agreement and Final Order:

1. Respondent was issued a license to practice dentistry on the 29th day of July, 1998, as evidenced by license number 07957 which is recorded in the permanent records in the office of the Iowa Dental Board.
2. Respondent's Iowa dental license number 07957 is current and will expire August 31, 2016.
3. The Iowa Dental Board has jurisdiction over the parties and subject matter herein.
4. On February 11, 2013, the Board issued an Emergency Adjudicative Order immediately suspending Respondent from prescribing, administering, or dispensing controlled substances.
5. On February 11, 2013, Respondent was charged by the Board with failing to prescribe, administer or dispense prescription drugs only if the use is directly

related to the practice of dentistry within the scope of the dentist-patient relationship; with failing to conduct a dental examination and take a medical history prior to prescribing medication to a patient; failing to include prescriptions in his patient records; self-prescribing, self-administering, or self-dispensing controlled substances; and with dishonorable or unprofessional conduct for pleading guilty to the crime of prostitution.

6. On March 5, 2014, Respondent pled guilty to two counts of Unlawful Possession of Prescription Drugs (Aiding and Abetting) and one count of Tampering with Records in the Iowa District Court for Johnson County in order to resolve criminal charges based on the same factual circumstances set forth in support of the Board's charges.

THEREFORE, IT IS HEREBY ORDERED that the restriction on Respondent's authority to prescribe controlled substances is lifted and Respondent's license shall be placed on probation for a period of five (5) years effective the date of this Order. The probation shall be subject to the following terms and conditions:

SECTION I.

1. Respondent shall fully cooperate with random unannounced visits by agents of the Board to determine compliance with this Order, and to ensure proper prescribing and record keeping protocols.
2. Respondent shall completely abstain from the personal use and possession of alcohol and all controlled substances or drugs in any form unless prescribed by a duly licensed and treating health care provider. Respondent shall inform any treating health care provider of his prior chemical abuse issues prior to accepting any prescription drug.

3. Respondent shall participate in the Board's random drug and alcohol screening program. Respondent agrees to submit to testing at the frequency rate determined by the Board. In addition, Respondent shall submit to unannounced random witnessed blood, urine, hair, or breath analysis samples on demand by any agent or designee of the Board. Respondent shall promptly pay all costs associated with all drug and alcohol screening.
4. Respondent shall remain under the care of and comply with all recommendations of his treating psychiatrist.
5. Respondent shall not be allowed to administer or dispense any controlled substances.
6. Respondent shall be allowed to prescribe controlled substances to patients of record if the use is directly related to the practice of dentistry. Respondent shall utilize the following protocols when prescribing:
 - a. Each prescription issued shall be written in triplicate on consecutively numbered scripts, with one copy to the patient, one copy for Respondent's records, and one copy to the Board to be filed with Respondent's quarterly report form to the Board.
 - b. Respondent shall maintain a controlled substance prescription log separate and apart from patient records. This log shall list all prescriptions for controlled substances by date in chronological order, and shall contain the name of the patient, quantity, and reason for issuance.
7. Respondent shall successfully complete a Board-approved course for appropriate controlled substance prescribing within ninety (90) days of the date of this Order.

8. Respondent shall successfully complete a record keeping course prior approved by the Board within sixty (60) days of the date of this Order. Respondent shall maintain his records in accordance with the Board's rules and the standard of care.
9. Respondent shall successfully complete the dental jurisprudence examination within sixty (60) days of the date of this Order.
10. Respondent shall fully disclose this Order to all current and future licensees, employees and/or employers at the Respondent's place of employment.

Respondent shall report back to the Board with signed statements from all such licensees, employees and employers within fourteen (14) days of the date of this Order, and thereafter within fourteen (14) days of any new employment relationship, indicating that they have read this Settlement Agreement and Final Order, and understand the current terms and conditions placed on Respondent's dental license. All employees shall report any concerns directly to the Board without adverse employment consequences.

11. Respondent shall make monthly written reports to the Board with respect to his practice, detailing his compliance with the terms of this Order for the first six (6) months, and quarterly thereafter. Quarterly reports are due by the 1st of January, April, July, October of each calendar year, monthly reports are due by the 1st of the month.
12. Respondent shall be responsible for all costs associated with compliance with this Order, and shall also be responsible for all costs incurred by the Board in the monitoring of this Order to determine compliance. Respondent shall promptly remit three hundred dollars (300.00) on or before the first day of January, April, July, and October, of each calendar year for such costs while on probation.

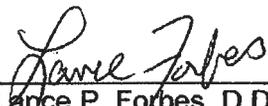
13. Respondent shall upon reasonable notice, and subject to the provisions of 650 Iowa Administrative Code 31.6, appear before the Board at the time and place designated by the Board.
14. Periods of residence outside of the state of Iowa may be applied toward period of the probation if approved by the Board prior to the commencement of the out of state residency. Notice of any change of residence must be provided to the Board within fourteen (14) days.
15. Notice of any change of practice location must be provided to the Board within fourteen (14) days.

SECTION II.

1. Respondent acknowledges that he has read in its entirety the foregoing Settlement Agreement and Final Order and that he understands its content and that he executed the Order freely, voluntarily, and with no mental reservation whatsoever.
2. Respondent acknowledges he has a right to a hearing in this matter, and he hereby waives that right.
3. Respondent acknowledges that he has the right to be represented by counsel in this matter.
4. Respondent understands that this Order is a public record and is therefore subject to inspection and copying by members of the public.
5. Respondent understands that the Board will report this Order to the National Practitioner Data Bank.
6. Respondent acknowledges that no member of the Board, nor any employee, nor attorney for the Board, has coerced, intimidated, or pressured him, in any way whatsoever, to execute this Order.

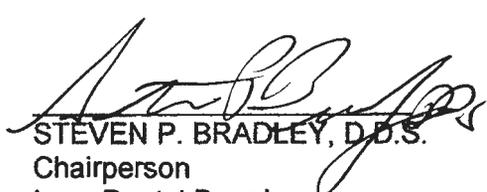
7. Respondent acknowledges that this proposed settlement is subject to approval of a majority of the full Board. If the Board fails to approve this proposed settlement, it shall be of no force or effect to either party.
8. Respondent shall fully and promptly comply with all Orders of the Board and the statutes and rules regulating the practice of dentistry in Iowa. Any violation of the terms of this Order is grounds for further disciplinary action, upon notice and opportunity for hearing, for failure to comply with an Order of the Board, in accordance with Iowa Code section 272C.3(2)(a)(2013).
9. The Board's approval of this Settlement Agreement and Final Order shall constitute a FINAL ORDER of the Board.

This Settlement Agreement and Final Order is voluntarily submitted on this 20 day of November, 2014.



Lance P. Forbes, D.D.S.
Respondent

This Settlement Agreement and Final Order is accepted by the Iowa Dental Board on this 22nd day of January, 2014.



STEVEN P. BRADLEY, D.D.S.
Chairperson
Iowa Dental Board
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