



STATE OF IOWA

IOWA DENTAL BOARD

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

JILL STUECKER
EXECUTIVE DIRECTOR

IOWA DENTAL BOARD

AGENDA

Updated January 20, 2015

January 22, 2015

Location: Iowa Dental Board, 400 SW 8th St., Suite D, Des Moines, Iowa

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*

Thursday, January 22, 2015

COMMITTEE MEETINGS:

8:00 A.M. **DENTAL HYGIENE COMMITTEE**
(See separate committee agendas)

9:30 A.M. **EXECUTIVE COMMITTEE**

10:00 A.M. **BOARD MEETING:**

OPEN SESSION

- | | |
|--|-----------------------|
| I. CALL MEETING TO ORDER – ROLL CALL | <i>Full Board</i> |
| II. 1st OPPORTUNITY FOR PUBLIC COMMENT | <i>Steven Bradley</i> |
| III. APPROVAL OF OPEN SESSION MINUTES | <i>Steven Bradley</i> |
| a. October 17, 2014 – Quarterly Meeting | |
| b. October 31, 2014 – Meeting | |
| c. November 10, 2014 – Teleconference | |
| d. December 9, 2014 - Teleconference | |
| IV. REPORTS | |
| A. EXECUTIVE DIRECTOR’S REPORT | <i>Jill Stuecker</i> |
| B. LEGAL REPORT | <i>Sara Scott</i> |
| C. ANESTHESIA CREDENTIALS COMMITTEE REPORT | <i>Kaaren Vargas</i> |

- a. Actions Taken by the Committee on General Anesthesia & Moderate Sedation Permit Applications
- b. Other Committee Recommendations, if any

D. CONTINUING EDUCATION ADVISORY COMMITTEE REPORT *Lori Elmitt*

- a. Recommendations: RE: Continuing Education Course Applications
- b. Recommendations: RE: Continuing Education Sponsor Applications
- c. Other Committee Recommendations, if any

E. BUDGET REVIEW COMMITTEE REPORT *Steven Fuller*

- a. Review of Quarterly IDB Financial Report
- b. Other Committee Recommendations, if any

F. EXECUTIVE COMMITTEE REPORT *Steven Bradley*

- a. Other business, as necessary

G. LICENSURE/REGISTRATION COMMITTEE REPORT *Matt McCullough*

- a. Actions Taken by the Committee on Applications
- b. Pending Licensure/Registration Application, If Any, Will Be Discussed under Agenda Item IX
- c. Other Committee Recommendations, if any

H. DENTAL HYGIENE COMMITTEE REPORT *Mary Kelly*

- a. Pending Dental Hygiene Applications, If Any, Will Be Discussed under Agenda Item IX
- b. Report RE: Actions Taken at the Dental Hygiene Committee Meeting
- c. Other Committee Recommendations, if any

I. DENTAL ASSISTANT REGISTRATION COMMITTEE *Steven Bradley*

- a. Committee Update
- b. Committee Appointment(s)
- c. Committee Recommendations, if any

J. EXAMINATIONS REPORTS – CRDTS (CENTRAL REGIONAL DENTAL TESTING SERVICE) –

- a. CRDTS – Dental Steering Committee Report *Steven Bradley*
- b. CRDTS – Dental Hygiene Examination Review Committee Report *Mary Kelly*
- c. CRDTS – Dental Examination Review Committee Report *Kaaren Vargas*

K. IOWA PRACTITIONER REVIEW COMMITTEE REPORT *Brian Sedars*

- a. Quarterly Update

L. EDUCATIONAL STANDARDS FOR EXPANDED FUNCTIONS TRAINING REPORT

Nancy Slach

- a. Committee Update
- b. Recommendations RE: Expanded Functions Course Applications
- c. Other Committee Recommendations, If Any

**V. ADMINISTRATIVE RULES/
ADMINISTRATIVE RULE WAIVERS**

Board Staff

- a. For Discussion* – Proposed Amendments to Ch. 10, “*General Requirements*”
(Proposed draft submitted by the IDHA for review and discussion.)
- b. For Discussion – Proposed Amendments to Ch. 20, “*Dental Assistants*”
- c. Notice of Intended Action – Proposed Amendments to Ch. 27, “*Standards of Practice and Principles of Professional Ethics*”
- d. Update – Chapter 29, “*Sedation and Nitrous Oxide Inhalation Analgesia*”
- e. Update - Chapter 52 (new chapter), “*Military Service and Veteran Reciprocity*”
- f. Petition for Rulemaking – Iowa Dental Association – IAC 650—10.5(1), “*General Requirements*”
- g. Rule Waiver Request – Jessie Martin – IAC 650—22.4(3), “*Dental Assistant Radiography Qualification*”
- h. Rule Waiver Request – Mackenzie Meyer – IAC 650—11.7(1)b, “*Licensure to Practice Dentistry or Dental Hygiene*”
- i. Other Recommendations, if any

*1/20/2015 - Materials forwarded for review.

VI. LEGISLATIVE UPDATE

Phil McCollum

VII. OTHER BUSINESS

Board Staff

- a. Annual Fee Review
- b. Examination Request
- c. Continuing Education Tracking and Management Tool Request
- d. American Association of Orthodontics Letter
- e. **Dental Wellness Program**
- f. Other Items, if any

VIII. APPLICATIONS FOR LICENSURE/REGISTRATION & OTHER REQUESTS**

- a. Ratification of Actions Taken on Applications Since Last Meeting
- b. Pending Licensure/Registration Applications, if any**
 - i. Christina Martinez, R.D.H.

Christel Braness

IX. 2nd OPPORTUNITY FOR PUBLIC COMMENT

Steven Bradley

12:00 p.m.

X. CLOSED SESSION**

XI. ACTION, IF ANY ON CLOSED SESSION ITEMS

- a. Approval of Closed Session Minutes
- b. Licensure/Registration Applications
- c. Statement(s) of Charges
- d. Combined Statement(s) of Charges, Settlement Agreement(s) and Final Order(s)
- e. Settlement Agreement(s)
- f. Final Hearing Decisions
- g. Final Action on Non-Public Cases Left Open
- h. Final Action on Non-Public Cases Closed
- i. Other Closes Session Items

1:30 p.m.

XII. DISCIPLINARY HEARING IN THE MATTER OF LISA M. KUCERA, R.D.H.***

3:30 p.m.

XIII. PERFORMANCE REVIEW****

XIV. CONTINUE WITH ANY CLOSED SESSION AGENDA ITEMS

XV. OPEN SESSION

- a. Action, If Any, On Closed Session Agenda Items
 - i. Approval of Closed Session Minutes
 - ii. Licensure/Registration Applications
 - iii. Statement(s) of Charges
 - iv. Combined Statement(s) of Charges, Settlement Agreement(s) and Final Order(s)
 - v. Settlement Agreement(s)
 - vi. Final Hearing Decisions
 - vii. Final Action on Non-Public Cases Left Open
 - viii. Final Action on Non-Public Cases Closed
 - ix. Other Closed Session Items
- b. Other Open Session Items, If Any

XVI. ADJOURN

NEXT QUARTERLY MEETING: APRIL 23-24, 2015

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 may constitute a sufficient basis for the board to consider a closed session under the provisions of section 21.5(1), (a), (c), (d), (f), (g), and (h) of the 2015 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.

***Pursuant to Iowa Code section 272C.6(1) of the 2015 Code of Iowa, a licensee may request that their disciplinary hearing be held in closed session.

****Pursuant to Iowa Code section 21.5(1)(i), this portion of the meeting may be held in closed session at the request of the individual.



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JILL STUECKER
EXECUTIVE DIRECTOR

IOWA DENTAL BOARD

MINUTES

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

Board Members

Steven Bradley, D.D.S.,
Steven C. Fuller, D.D.S.
Matthew J. McCullough, D.D.S.*
Thomas M. Jeneary, D.D.S.
Kaaren G. Vargas, D.D.S.
Mary C. Kelly, R.D.H.
Nancy A. Slach, R.D.H.
Diane Meier, Public Member
Lori Elmitt, Public Member

October 17, 2014

Present
Present
Present
Present
Present
Present
Present
Present
Present

*Participated briefly by phone

Staff Members

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

Attorney General's Office

Sara Scott, Assistant Attorney General

Other Attendees

Jane Slach, R.D.A. Iowa Dental Assistants Association
Jeannene, Veenstra, R.D.A., Iowa Dental Assistants Association
Bob Russell, D.D.S., Iowa Department of Public Health
James A Larsen, D.D.S., Iowa Dental Association
Larry Carl, Iowa Dental Association
Bruce Cochrane, D.D.S., Iowa Dental Association
Stephen Thies, D.D.S., Iowa Academy of General Dentistry
Carol Van Aernam, R.D.H., Iowa Dental Hygienists' Association
Tom Cope, Iowa Dental Hygienists' Association

I. CALL TO ORDER FOR OCTOBER 17, 2014

Dr. Bradley called the open session meeting of the Iowa Dental Board to order at 11:22 a.m. on Friday, October 17, 2014. A quorum was established with eight members present.

Roll Call:

<u>Member</u>	<u>Bradley</u>	<u>Elmitt</u>	<u>Fuller</u>	<u>Jeneary</u>	<u>Kelly</u>	<u>McCullough</u>	<u>Meier</u>	<u>Slach</u>	<u>Vargas</u>
Present	x	x	x	x	x		x	x	x
Absent						x			

II. 1st OPPORTUNITY FOR PUBLIC COMMENT

Dr. Bradley allowed the opportunity for public comment.

Mr. Cope, Iowa Dental Hygienists' Association (IDHA), reported that there was discussion regarding upcoming legislation during a recent meeting of the trustees. The trustees voted to register their support for the legislative proposal that would make the position of the executive director an at-will position.

Mr. Cope reported that there were some discussion regarding the proposed draft of rules regarding expanded functions. There were some concerns about putting that language into a new chapter, Iowa Administrative Code 650—Chapter 23 as proposed, and the implications of that. There were also questions regarding supervision levels. Mr. Cope felt that discussion related to this topic at the Dental Hygiene Committee meeting held earlier that morning was productive. Progress was made towards a workable solution.

Mr. Carl inquired about the agenda items, and asked if public comments would be allowed during the meeting, or if those comments should be shared at this time. Dr. Bradley stated that some comments would be allowed.

Ms. Slach asked Mr. Carl about participation at the recent Iowa Mission of Mercy (IMOM). Mr. Carl reported that there was a shortage of dental hygienists, as the demand was quite high for hygiene services. Mr. Carl stated that the number of participants for restorative work seemed to be adequate. Ms. Slach reported having heard comments indicating that faculty permit holders, who were foreign-trained, were unable to participate. Mr. Carl stated that dental hygiene is in high demand. Dental hygiene was the area of greatest need due to the demand.

Mr. Carl reported that more than 1100 patients received treatment at no cost with a total value in excess of \$750,000. Mr. Carl did not have the numbers of participants readily available. Ms. Veenstra stated that there may have also been a shortage with dental assistants based on her experience at the event. Mr. Carl stated that he would provide additional data at a later date.

Dr. Russell stated that he is aware that the Board is considering allowing dental assistants to provide assistance in public health settings. Dr. Russell was in support allowing dental assistants to help in public health settings. Having said that, Dr. Russell believed there is some misunderstanding as to what is currently allowed by rule. Dr. Russell stated that some dentists were entering into memorandums of understanding agreements with dental assistants to provide assistance to some of these programs under the guise of general supervision. It is now his

understanding that unless these patients have been examined by the supervising dentists, dental assistants may not provide services in the public health settings. Dr. Russell stated that four-handed dentistry in these situations becomes very difficult when dental assistants are prohibited from providing services.

III. APPROVAL OF OPEN SESSION MINUTES

- *July 31, 2014 – August 1, 2014 – Quarterly Meeting Minutes*
- ❖ MOVED by KELLY, SECONDED by MEIER, to APPROVE the open session minutes as submitted. Motion APPROVED unanimously.
- *September 11, 2014 – Teleconference Meeting Minutes*
- ❖ MOVED by KELLY, SECONDED by VARGAS, to APPROVE the open session minutes as submitted. Motion APPROVED unanimously.

IV. REPORTS

EXECUTIVE DIRECTOR'S REPORT

Mr. McCollum reported that the search for the executive director continued.

Mr. McCollum reported that the current dental renewal season was winding down. There were approximately 183 licenses still pending renewal. On October 6, 2014, a final notice was forwarded to those licensees, who had not yet renewed. 76% renewed online, only slightly less than the previous year. Mr. McCollum provided some additional statistics related to the licensees and registrants.

Mr. McCollum reported that some additional functionality has been added to the database. These changes allow applicants to see what items may still be needed to complete an application. Additional search functionality has been added to the license query page and allows searches by county. Board orders are also being made available online. Other features will be added going forward.

LEGAL REPORT

Ms. Scott reported that Dr. Buckley filed an appeal regarding the District Court's ruling. The appeal has since been dismissed. No further action is pending.

ANESTHESIA CREDENTIALS COMMITTEE REPORT

Dr. Vargas reported that the Anesthesia Credentials Committee recently met to review applications and to discuss other committee-related matters. Dr. Vargas provided an overview of the committee's actions.

CONTINUING EDUCATION ADVISORY COMMITTEE REPORT

- *Recommendations RE: Continuing Education Course Applications*
- *Recommendations RE: Continuing Education Sponsor Application(s)*

Ms. Elmitt provided an overview of the committee's recommendations.

- ❖ **MOVED** by ELMITT, **SECONDED** by KELLY, to **APPROVE** the committee's recommendations as submitted.

Dr. Bradley reported that Dr. Louis Malcmacher contacted him about presenting a continuing education course in Iowa regarding the use of Botox. Dr. Malcmacher asked if that would be approved. Dr. Bradley informed him that most dentists are prohibited from using Botox in Iowa, and would not be approved currently. Dr. Malcmacher indicated that he would like to see that change. Dr. Bradley asked the Continuing Education Advisory Committee to consider this at an upcoming meeting. Dr. Malcmacher intends to put on a course in the Des Moines area in 2015.

Mr. McCollum referenced the Board's current position statement, which states that training in the use of Botox and dermal fillers must be completed in a residency program. If the Board deems it appropriate, the Board can modify its position on this matter.

Dr. Bradley stated Dr. Malcmacher would like Board members to attend a course so that the Board can make an informed decision going forward. Dr. Bradley reported that he attended one of the courses and was in favor of approving the courses. Dr. Bradley believed that the course was fairly extensive. Dr. Bradley reported having voted against the use of Botox and dermal fillers several years ago. After attending the course, Dr. Bradley has changed his position on this matter.

Ms. Kelly asked if the course included a hands-on component. Dr. Bradley reported that the course he completed was "sort-of hands on." Dr. Bradley stated that it was a two day course, and that it was fairly extensive. Dr. Bradley reported that there were different levels of training available.

Ms. Elmitt asked if this was something for which the committee should prepare. Dr. Bradley stated that he would try to update the Board members as more information becomes available. Dr. Bradley believed that an exception should be made to allow credit for this course since it includes significant information about anatomy.

Ms. Kelly asked if the Board can approve a course on procedures that practitioners cannot legally provide. Dr. Bradley stated that a majority of the course focuses on anatomy. Mr. McCollum stated that the Board would need to revisit the position statement first. The Board cannot approve a course when a position statement exists stating that those procedures cannot be legally provided by dental practitioners.

The Board can revisit the position statement. Mr. McCollum stated that Board members can attend the course for additional information. Mr. McCollum also suggested inviting specialists, who perform these procedures currently, to attend the course to get their input on the training.

- ❖ The vote was taken. Motion APPROVED unanimously.
- *Other Committee Recommendations, If Any*

BUDGET REVIEW COMMITTEE REPORT

- *Review of Quarterly IDB Financial Report*

Mr. McCollum reported that the committee did not meet recently. Mr. McCollum recommended that the annual fee review be completed at the January 2015 meeting.

- *Other Committee Recommendations, If Any*

There were no other recommendations from the committee.

EXECUTIVE COMMITTEE REPORT

Dr. Bradley reported that the committee met earlier this morning. The items discussed will be addressed later in the meeting.

Dr. Bradley reported that 72 people applied for the position of the executive director. The hiring committee has selected two final candidates. The hiring committee will discuss this later in the meeting.

LICENSURE/REGISTRATION COMMITTEE REPORT

- *Actions Taken by Committee on Applications*

Ms. Braness provided an overview of the applications reviewed and actions taken by the committee since the last quarterly Board meeting. Ms. Braness noted that a list of actions taken by the committee was included in the Board members' folders.

- *Pending Licensure/Registration Applications, If Any – Will be Discussed under Agenda Item VIII*
- *Other Committee Recommendations, If Any*

There were no other recommendations from the committee.

DENTAL HYGIENE COMMITTEE REPORT

- *Pending Dental Hygiene Applications, If Any – Will be Discussed Under Agenda Item VIII*
- *Report RE: Actions Taken at Dental Hygiene Committee Meeting*
- *Committee Recommendations, If Any*

Ms. Kelly reported the Dental Hygiene Committee met earlier that morning and discussed the expanded functions rules. There was a lot of input from interested parties.

➤ Dr. McCullough joined the meeting at 11:45 a.m.

Ms. Braness provided an overview of the committee's suggestion. The first suggestion was to change the language used in reference to denture reline. The Dental Hygiene Committee suggested that "tissue condition" would be better terminology. Ms. Kelly stated that the dentists and dental assistant in attendance at the meeting agreed that this would make the intent of the rule clearer. The proposed change was only in relation to the terminology used in the rule.

Ms. Braness reported that the second suggestion from the committee was to eliminate the reference to level 1 expanded functions for dental hygienists since these tasks fall within the current scope of practice. Ms. Kelly stated that this item tied into the third suggestion, which is to move the language regarding expanded functions into Iowa Administrative Code 650—Chapters 10 and 20. This would allow for the scopes of practice for dental hygienists and dental assistants to be addressed in their respective administrative code chapters instead of creating a new chapter just for expanded functions.

Ms. Elmitt had some questions about the original task force's recommendation to require dental hygienists to complete level 1 training before going on to level 2 training. Ms. Elmitt wanted to know how or if this recommendation was being applied. Ms. Slach stated that the level 1 duties fall within the current scope of practice for dental hygienists. Ms. Elmitt stated that she was referencing the discussion and recommendation of the original expanded functions task force. Ms. Kelly stated that the original task force never addressed the dental hygiene scope of practice. The discussion was limited to the proposed changes to expanded functions.

Dr. Vargas asked for some clarification regarding training since she was unaware of current training requirements. Dr. Vargas inquired as to whether dental hygiene programs teach the application of cavity liners, pulp vitality testing, and to monitor nitrous oxide. Ms. Kelly reported that all dental hygiene programs provide training in the monitoring and administration of nitrous oxide. Dr. Vargas asked about training in the other areas.

Ms. Kelly stated that the committee discussion focused on the idea that the rules inherently require training through an accredited program, or for other procedures, education needed to be obtained. Dr. Vargas asked if training is obtained in those areas. Ms. Kelly stated that some of the programs vary in the training they provide in regards to expanded functions; however, all dental hygiene programs currently provide training in nitrous oxide.

Dr. Vargas inquired further about the training completed. Dr. Vargas asked if dental hygienists are taught to take final impressions, remove adhesives, and to place periodontal dressing. Dr. Vargas just wanted clarification about the specific training received in these areas since those are the functions included in the proposed level 1 expanded functions. Ms. Kelly stated that dental hygienists receive training in most of those areas; however, it depends upon the dental hygiene program. Dr. Vargas asked for clarification on the point that not all dental hygiene program provides training for each of these functions. Dr. Vargas asked if it is the same as dentists who

may complete training in oral surgery, but choose not to do it since they may not have sufficient training to perform those tasks adequately. Ms. Kelly stated that the same idea could apply.

Ms. Slach stated that each of these tasks are currently allowed within the dental hygiene scope of practice. Dr. Vargas stated that she understood that; however, she wanted a better understanding of the reality in regards to providing adequate patient care.

Ms. Kelly asked Mr. McCollum or Mr. Sedars to address the expectations for proposed training requirements. Mr. Sedars stated that in the Dental Hygiene Committee meeting, he made a comparison to dentists who perform specialty work. The Board would only ask for proof of training as deemed necessary.

Dr. Vargas stated that if the Dental Hygiene Committee is asking to take these items out of the expanded functions rules for dental hygienists, there is a concern with respect to patient care. Ms. Slach stated that these duties are already allowed within the scope of practice. Dr. Vargas stated that she understood that it is legally allowed; however, Ms. Kelly has already stated that not all dental hygiene programs teach these duties to their students. Dr. Vargas stated that current dental assistant programs teach these duties, and therein lies a distinction.

Mr. McCollum stated that he surveyed all of the Iowa dental hygiene programs regarding expanded functions. Mr. McCollum reported that there was not any consistency between programs in relation to the expanded functions training provided. The same applies to dentists. In dental school, a certain level of sedation is taught, and the service falls within the scope of practice. In Iowa, however, dentists cannot provide moderate sedation or deep sedation/general anesthesia without additional education and training.

Dr. Vargas asked for clarification regarding proposed training requirements for dental assistants for level 1 expanded functions. Under the proposed rules, if a dental assistant has not graduated from an accredited program or does not hold a DANB certification, a dental assistant would be required to complete a competency examination prior to providing those services. Dr. Vargas believed that the competency examination is another level of control for these duties. Dr. Vargas stated that there was an assumption being made regarding dental hygienists' training. Ms. Kelly stated that this was part of the reason why the committee has proposed that these rules being separated into Iowa Administrative Code 650—Chapters 10 and 20. It would allow the Board to establish separate training requirements for each profession as deemed appropriate.

Ms. Kelly stated that it may not have been mentioned as part of the discussion with the suggestion out of the committee, but the committee proposed have a licensed dentist sign off on competency and experience as necessary. Ms. Braness reported that this suggestion was included as part of the committee's original motion; however, further discussion concluded that this should be unnecessary since the level 1 tasks fall with the current scope of practice. Therefore, that provision was removed from the motion prior to the vote. Mr. McCollum agreed with Ms. Braness' summary of the committee discussion in regard to training provisions for level 1 functions.

Ms. Slach stated that when you look at some of these tasks, such as occlusal registrations and placement and removal of gingival retraction, dental hygienists are working around the gum line

all the time. Even if the training is not specific to that task, dental hygienists should be able to manipulate it very quickly and easily. Ms. Slach stated that applying desensitizing agents is probably taught in all hygiene programs since some dental hygiene duties can sometimes cause root pain and discomfort. Ultimately, Ms. Slach stated that the dentist must delegate these duties based on prior training and experience. Ms. Slach stated that many of these tasks are straightforward and reversible, and should be allowed without additional training.

Ms. Meier asked if dental hygienists are elevated dental assistants. Ms. Slach disagreed. Ms. Slach stated that dental assistants do not, generally, have as much experience manipulating tissue and removing calculus as dental hygienists. Ms. Slach believed that the training in dental hygiene programs should be sufficient for these purposes. Ms. Slach believed that additional training for dental assistants would be appropriate.

Should complaints arise, Ms. Kelly stated that this could be handled in the same way as other complaints. The training would be verified as the need arose.

Ms. Slach asked if the dental assistants could speak to this issue. Ms. Slach asked if dental assistants, who graduated from accredited programs would have been trained in these tasks, and could test out of them. Ms. Braness stated that graduation from a dental assistant program makes someone eligible to receive training in expanded functions; graduation alone does not allow them to perform these services legally. Ms. Braness reported that current rules regarding expanded functions stipulate that certain requirements be met before someone is even eligible to begin training in these areas. Mr. McCollum and Mr. Sedars agreed. Dental assistant graduates cannot 'test' out of training requirements. Ms. Jane Slach, who is a dental assistant educator at Kirkwood Community College, confirmed that although the graduates have the knowledge, they still need to complete Board-approved training in expanded functions.

Ms. Kelly stated that, as mentioned previously, there was some discussion to allow a dentist sign off on the proof of competency. Ms. Kelly indicated that she completed training in these things while in dental hygiene school; however, could not obtain proof of training since her dental hygiene school closed.

Dr. Vargas stated that one could demonstrate competency if there was some kind of examination, or other system built in to address competency. Dr. Vargas' main point is that an assumption should not be made regarding education and training since hygiene programs are not consistent in which of these duties are covered. Dr. Vargas understood allowing some kind of exception for dental hygienists, who were previously dental assistants, and received that training. Dr. Vargas would like to see some kind of control to ensure adequate training. Dr. Vargas knows that the procedures reversible; however, she does not believe that the issue of training should be glossed over.

Ms. Slach stated that allowing level 1 duties for dental hygienists wouldn't require a change since they exist within the current scope of practice. Ms. Kelly agreed, and the Board has to acknowledge that these duties have been in existence for years, and that dental hygienists can perform these duties. To date, Ms. Kelly is not aware of any complaints regarding these services. Ms. Kelly stated that there is no known threat to the public.

Dr. Cochrane reported that he trained in fixed prosthetics and periodontics, he is on staff with Iowa Central Community College, and employs approximately 12 dental hygienists. Dr. Cochrane stated that, in his experience, dental hygienists do not know how to take impressions. Those dental hygienists who take impress for him had to be trained by him. Dr. Cochrane, generally, either takes the impressions himself, or he delegates them to dental assistants who are far better at it than the dental hygienists.

Mr. Cope stated that one of the main reasons for the Iowa Dental Hygienists' Association's concern is that several of the items listed in level 1 are specifically listed in the current scope of practice for dental hygienists. By implementing the proposed changes, barriers would be added to dental hygienists, who could not provide proof of training, to performing tasks that are currently allowed. It would create a regulatory burden. The proposed rules would potentially eliminate services from dental hygienists who could not prove training. Mr. Cope is not aware of any threat to the public here.

Dr. Vargas stated that she understood what has been stated. Dentists always have the option to redo this work if necessary. However, simply being allowed by the scope of practice does not mean that additional training cannot or should not be required. Dr. Vargas referenced the example of sedation, which falls within the scope of practice of a dentist. Additional training is required prior to a practitioner being allowed to provide these services. Dr. Vargas stated that the educational background should not be ignored.

Ms. Slach stated that there are requirements for educational standards. If someone has graduated from an ADA-accredited dental assistant program perhaps the education standard is that they can take that test right when they graduate to become certified; this would not be different from a dental hygienist is in the program where those services are allowed within the scope of practice.

Dr. Thies asked which duties within level 1 fall within the current scope of practice. Dr. Thies asked what the dental hygienists are allowed to do apart from the monitoring or administration of nitrous oxide. Mr. Cope referenced Iowa Administrative Code 650—Chapter 10, which covers the scope of practice for a dental hygienist.

Ms. Jane Slach also noted that several of those items are listed. As an educator, Ms. Slach stated that some of the level 1 duties should be done under direct supervision as opposed to general supervision. Mr. Cope stated that the supervision level would be addressed within the proposed rules.

Ms. Kelly stated that the other item discussed in the Dental Hygiene Committee meeting was the request asking if correctional facilities would be covered in the current public health supervision locations. The committee has suggested that state public health programs should be interpreted to include correctional facilities. Dr. Vargas asked for clarification about this suggestion. Ms. Kelly and Ms. Slach stated that correctional facilities should be considered a state public health program.

Mr. Carl stated that the Iowa Dental Association would view this as an expansion of public health supervision. If so, Mr. Carl believed that a complete review of the public health supervision rules,

in their entirety, should occur prior to any changes being made. A system of oversight needs to be established.

Mr. Cope stated that Iowa Dental Hygienists' Association would welcome a complete review. Every time a review has occurred, it has shown the benefits of the program.

Mr. Carl stated again that the Iowa Dental Association would strongly suggest that a legitimate oversight system be put in place.

Ms. Kelly indicated that the Dental Hygiene Committee recommended that correctional facilities be considered a state public health program.

DENTAL ASSISTANT REGISTRATION COMMITTEE REPORT

- *Committee Update*
- *Committee Recommendations*
- *Dental Assistants and Public Health Supervision*

Dr. Fuller reported that committee met on October 10, 2014. Dr. Fuller provided an overview of the meeting.

Dr. Fuller reported that the committee reviewed a request from Dr. Moreno regarding a proposed dental assistant school. The committee responded by indicating that formal programs intended to fulfil the education and training requirements for dental assistants need to be accredited by the ADA, and are not approved by the Board.

The committee recommended the addition of more dental assistants to the committee. Dr. Fuller hoped that the Board can receive information prior to the January 2015 meeting to review regarding possible appointments to the committee.

Dr. Fuller reported that with regards to the request to consider allowing dental assistants to work in public health settings. The committee felt that the agreements need to be better managed before dental assistants are allowed to work under public health supervision.

Dr. Fuller stated the committee discussed the proposed expanded functions; however, that will be addressed later.

Dr. Fuller reported that the committee also looked at some of the issues and concerns related to reinstatement of dental assistants and the barriers that this may pose to some dentists, particularly in rural areas. The committee would like to find ways to simplify the reinstatement process for dental assistants. The committee will continue to discuss this issue further.

The committee also looked at some requests to clarify whether some tasks fell within the scope of practice for dental assistants. Specifically, the committee looked at the placement of Invisalign tabs/composites, and the use of CEREC, Itero or Trios Digital Impressions. It was determined that these fell within the current list of expanded functions.

Ms. Kelly asked if there are recommendations coming out of the committee for consideration. As to the expanded functions, the committee recommended approval with a few suggested changes as made by Dr. Thies in his comments.

Ms. Slach asked for clarification regarding the committee's recommendation regarding dental assistants helping in public health settings. Dr. Fuller stated that consideration needs to address the issue of supervision in regards to dental assistants. Mr. McCollum clarified that the committee was in favor of considering rule amendments to allow dental assistants to provide services in public health settings if the public health supervision rules are reviewed and updated to address those concerns.

Mr. Carl stated that the Iowa Dental Association would want the rules to be revisited prior to any further expansion. Mr. McCollum stated that this was the feeling of the committee.

Ms. Slach asked for clarification about who would review this issue. Mr. McCollum reported that both committees could review this matter and make recommendations to the Board about how to proceed.

❖ **MOVED** by KELLY, **SECONDED** by SLACH, to have the Board start drafting language for discussion to allow dental assistants to work under public health supervision.

Dr. Vargas asked for clarification about the proposal. Dr. Vargas wanted to know if dental hygienists who go into schools and other public health settings are simply asking for help. If so, would this be with or without the supervision of a dentist. Ms. Kelly stated that was the reason for the recommendation; though, considerations can be made to address concerns related to supervision.

Mr. McCollum stated that, ultimately, a dentist would have to provide supervision. The Board would need to decide how and under what circumstances that would be provided.

Dr. Russell cautioned the Board against making changes that might eliminate or make barriers to treatment.

Ms. Kelly summarized the difference in supervision levels for dental assistants. Ms. Kelly stated that they are asking that dental assistants be allowed to perform the same duties, which are currently allowed under general supervision, but under public health supervision.

Mr. Carl stated that a dental hygienist has no authority to make diagnoses. Mr. Carl clarified that the public health supervision agreements only allow dental hygienists to provide certain services in certain settings. Mr. Carl is not opposed to these programs; though, the Iowa Dental Association wants appropriate oversight. The Iowa Dental Association feels that the current oversight is minimal, and there may be concerns about whether adequate care is being provided.

Ms. Slach asked about the oversight issue. Ms. Slach asked Mr. Carl what he would propose to address his concerns. Mr. Carl stated that no entity has taken responsibility for ensuring that the

services being performed are allowed under the rules, and that the quality of care is being met. Dr. Russell stated that the Iowa Department of Public Health Oral Health Bureau is the administrator of the program; however, they do not have the authority to oversee or regulate the program. That authority lies with the Board.

Ms. Chickering stated that many programs use two dental hygienists to do the work of a dental hygienist and dental assistant. This arrangement is not cost effective. Ms. Chickering stated that she would support efforts to allow dental assistants to assist in public health settings. Ms. Chickering provided some data about the work provided in the school-based programs. These programs save money in the long run by providing preventive care to a population that might not otherwise receive it.

Dr. Vargas asked about the long term retention rates of sealants. Ms. Chickering stated that the retention rate is 92.5% is the historical average over a period of at least 10 years. Dr. Vargas asked who completed the check to determine the retention rate, and asked who completed the retention. Ms. Chickering stated that this was based on statistical analysis. The rechecks were completed by public health dental hygienists based on established protocols. Dr. Vargas stated that there is evidence that without caries protection there may additional concerns with about the long term benefits. Dr. Vargas stated that she is a pediatric dentist and understood the concerns. Dr. Vargas stated that she has seen sealant failures in her practice. Dr. Vargas agreed that there needs to be additional oversight.

Dr. Vargas agreed that oversight of the program is important. Ms. Slach stated that attempts are made to refer patients to a dental home for ongoing treatment. Dr. Vargas stated that referrals are great; however, she has not had a referral for treatment to date.

Ms. Kelly stated that public health retention rates mirror the retention rates she saw when she was employed at the Des Moines Health Center.

❖ The vote was taken. Motion APPROVED unanimously.

EXAMINATIONS REPORT

- *CRDTS – Dental Steering Committee Report*

Dr. Bradley reported that there is a meeting scheduled next week. The committee is looking at ways to improve the examinations, and make them more amenable to students.

- *CRDTS – Dental Hygiene Examination Review Committee Report*

Ms. Kelly reported that the committee last met in July 2014.

- *CRDTS – Dental Examinations Review Committee Report*

Dr. Vargas reported that they met in August 2014. A few changes were made to the dental examinations.

QUARTERLY IPRC REPORT

Mr. Sedars provided an overview of the current IPRC data.

SKILLED CARE FACILITY TASK FORCE REPORT

Mr. McCollum reported that the task force has not recently met.

EDUCATIONAL STANDARDS FOR EXPANDED FUNCTIONS TRAINING TASK FORCE REPORT

Ms. Braness reported that staff had a question about how to handle requests for review of expanded functions courses submitted that were utilizing curriculum previously approved by the Board, but taught by another practitioner. Staff was not sure if those courses should be considered approved, or forwarded for review and approval.

Mr. McCollum stated that the safest method would be to have the requests submitted for review to ensure that the curriculum is complete.

There was a question regarding the use of previously-approved curriculum. Ms. Braness stated that this was why the Board was asked about how to handle these requests. These courses will be forwarded to the task force upon receipt. Since the task force is an ad hoc committee, much of this could be handled by email.

Ms. Kelly stated that the instructors need to be qualified, and this would be another way to ensure that the qualifications of instructors.

Ms. Braness stated staff will ask that all requests be submitted as inquiries are received, and will forward those to the task force for review and consideration.

V. ADMINISTRATIVE RULES/PETITION FOR RULE WAIVER

- *Draft for Discussion – Proposed Amendments to Ch. 20, “Dental Assistants”; Ch. 23 (new chapter), “Expanded Functions for Dental Auxiliaries”*

Mr. McCollum reported that the current draft language before the Board for consideration was put together based on input from all of the professional organizations. A number of drafts have been submitted for review and discussion. It appeared that not everyone will be completely satisfied with the final proposals.

There are clear and distinct differences about how to proceed. Board staff needed direction about how to move forward.

The proposals were drafted into a single chapter with the idea that this would address the whole topic of expanded functions in a single chapter. It was also intended to address the differences in

baseline educational requirements in one place. There are also some questions about current scopes of practice and concerns about if education or training has ever been received in some of these areas. The Board could choose to require minimal training in these areas. One way this might be addressed is by having a supervising dentist attest to dental hygienists' competency.

Following a number of discussions, it was proposed that the rules for expanded functions be addressed in separate chapters: Iowa Administrative Code 650—Chapter 10 for dental hygienists, and in Iowa Administrative Code 650—Chapter 20 for dental assistants. This would allow the differences in baseline education requirements and training to be addressed separately. This would also allow the Board to address the matter of the current functions, which have been determined to fall within the scope of practice of a dental hygienist.

- ❖ MOVED by KELLY, SECONDED by SLACH, to draft the proposed rule changes regarding expanded functions in two separate chapters: Iowa Administrative Code 650—Chapters 10 and 20.

Ms. Slach stated that it makes more sense to address the entire scope of practice for each profession in their respective chapters. This would eliminate the need to have to refer to multiple chapters concerning the scope of practice for each profession.

Ms. Elmitt asked if the Board would still have the opportunity to clarify what was incorporated into the proposed changes. Ms. Braness stated that the Board would have that opportunity and that this motion only addressed whether to incorporate the changes into a single chapter, or to make the changes in two separate chapters.

Mr. McCollum stated that some items would be easier to address if the expanded functions rules were addressed in separate chapters.

- ❖ The vote was taken. Motion APPROVED unanimously.

Mr. McCollum reported that he would take the proposed changes into the separate chapters. Mr. McCollum stated that drafts of the proposals were distributed to the interested parties for review and input. Mr. McCollum asked the Board for input about how to address the proposed rules regarding level 1 and level 2 expanded functions. Mr. McCollum wanted clarification on the following: the distinction of level 1 and level 2, requirements to be eligible to training in level 2 expanded functions, and supervision requirements.

Mr. McCollum asked for clear direction about how to proceed on the items with the hope that the Board could consider a Notice of Intended Action at the next meeting. Ms. Elmitt asked how Board members should provide their input. Mr. McCollum stated that the Board could provide direction during the meeting.

Mr. McCollum stated that while the Board does not have a draft of the proposed changes in separate chapters, the end product will look very much like it is drafted currently. The primary difference is that expanded functions for dental hygienists would be included in Iowa

Administrative Code 650—Chapter 10, and expanded functions for dental assistants would be addressed in Iowa Administrative Code 650—Chapter 20.

Mr. McCollum asked for direction as to what should be required, if anything, for dental hygienists to perform the tasks currently listed as expanded functions for dental assistants. Mr. McCollum asked if those tasks could be delegated to dental hygienists without verifying training or education. Ms. Elmitt and Ms. Meier expressed concern about allowing these duties without verifying education or training. Ms. Kelly suggested that CODA-approved training, expanded functions training, or verification from a licensed dentist be accepted as a means of verifying education or competency.

Dr. Vargas commented on the suggestion to accept CODA-approved training. Dr. Vargas referred to information from Kirkwood Community College that these tasks might be taught in the classroom, but that hands-on experience did not always occur within the program. Dr. Vargas stated that there is a difference between what CODA has approved for training in these areas and what is taught in each program. Mr. McCollum reported that each of the dental hygiene programs indicated varying levels of training in the area of expanded functions.

Ms. Kelly indicated that some dental students receive classroom training, but not clinical training. Dentists would not necessarily be restricted from providing these services. Ms. Kelly sees this as being a similar situation. Dr. Vargas asked about Ms. Kelly's statement. Ms. Kelly stated that information provided to her by the University of Iowa College of Dentistry indicated that dental students do not necessarily receive training in implants to clinical competency, but would be allowed to provide these services as part of the dental license. Dr. Vargas asked if implants are considered part of the educational requirements of a dental student. Dr. Vargas stated that malpractice insurers place implants and other procedures in another category for dental procedures. Dr. Vargas stated that while implants may be taught, it may not fall within the accreditation standards of a dental students. Ms. Kelly stated that the dental license would allow a dentist to place these under the scope of practice. Ms. Kelly stated there is nothing in the rules, which specifically requires training in this area prior to providing these services. If a complaint were filed, at that time, the licensee would be required to demonstrate training. Ms. Kelly would like to see the same standard applied to the level 1 expanded functions that would be considered to be within the scope of practice of a dental hygienist.

Ms. Slach stated that proving training could be difficult and pose problems for the practice of dental hygiene in Iowa. Ms. Slach stated that if the rules went into effect as suggested, dental hygienists may be barred from providing services that they could prior to the implementation of the rule. This could potentially pose problems in the delivery of services. These procedures are reversible.

Ms. Scott asked for clarification on the suggested duties that fall within the scope of practice. Ms. Scott stated that the proposed Iowa Administrative Code 650—23.3 lists eight (8) functions, but the tasks which are being designated as expanded functions level 1 includes eleven (11) tasks. Ms. Kelly asked for clarification about which list was under discussion as it related to the current scope of practice of a dental hygienist. It was indicated that the list of eleven (11) tasks fall within the scope of practice. Mr. McCollum stated that is a matter of interpretation.

Ms. Kelly stated that number three (3) in the list of eleven (11) is different. Mr. McCollum stated that the reason for the differences in a few of those related to supervision levels. There were a few of the tasks that should be performed under direct supervision. Some of those tasks shouldn't be performed if a dentist is not present.

Ms. Scott stated that there may need to be further discussion about how to determine what falls within the scope of practice. Ms. Scott's recollection of the discussion related to the list of Frequently Asked Questions (FAQs), and the list appears to be longer than what was discussed previously. Ms. Kelly believed that items number 7 and 8 were new to the list because they were inherent. Those were part of the suggested level 2 expanded functions that came from the task force.

❖ MOVED by KELLY, SECONDED by MEIER, to include language to allow a dentist to oversee or attest to training and experience as a sufficient basis to demonstrate competency to provide these services. Motion DENIED, 1-8. Ms. Kelly voted to approve the motion; the remaining members opposed the motion. Dr. McCullough did not participate in this part of the meeting.

- *Draft For Discussion – 650—27.11, “Record Keeping”*

Mr. McCollum provided an update on the proposed changes. This draft provided instruction regarding the requirements for retention of study models and casts. The proposed draft would require offices to hold study models and casts for six (6) years after the completion of treatment.

Dr. Thies asked for clarification about the proposed requirement. Mr. McCollum stated that the casts and study models would need to be retained for six (6) years from the date of completion of the treatment for which they were required. This is different from the other aspects of the patient records, which would need to be held for six (6) years from the last date of all treatment, examination or prescription, or in the case of minors until the age of 19.

Dr. Cochrane stated that many offices do not have the space to continue storing these items. Dr. Cochrane proposed an amendment that the office retain these for the period as recommended, or that the office could transfer these items to the patient upon the completion of treatment.

Ms. Slach asked if offices could make a digital record of the casts and models, and store it that way. CEREC digital impressions would allow offices to do this. The Board members did not oppose this suggestion.

Ms. Slach stated that she was not opposed to providing the study models or casts to the patient so long as it is noted in the patient record.

❖ MOVED by SLACH, SECONDED by KELLY, to approve the draft language with an amendment to allow dental offices to transfer the study models and casts to the patients so long as it is noted in the record.

Mr. McCollum will come back to the January 2015 meeting with a Notice of Intended Action in regards to the amendments as proposed.

❖ The vote was taken. Motion APPROVED unanimously.

- *Update – Ch. 29, “Sedation and Nitrous Oxide Inhalation Analgesia”*
- *Update – Ch. 52, “Military Service and Veteran Reciprocity”*

Mr. McCollum reported that the Notices of Intended Action for these rules have already been approved by the Board. Mr. McCollum reported that he appeared before the Administrative Rules Review Committee this last week to discuss the proposed rules. The public hearing date is scheduled for October 21, 2014.

- *Other Recommendations, If Any*

There were no other recommendations for discussion.

VI. LEGISLATIVE UPDATE

Mr. McCollum reported that Board is pursuing a legislative change to reclassify the position of the executive director from a merit position to an at-will position. Mr. McCollum intended to file the proposed legislation within two (2) weeks. Mr. McCollum will inform the associations when the legislation is filed so that interested parties may register their support if they wish to do so.

Ms. Slach asked if the applicants for the position were aware of the proposed change. Mr. McCollum reported that the candidates were made aware of the proposed change.

Mr. Carl reported that the Iowa Dental Association was in favor of the proposal and would register their support.

VII. OTHER BUSINESS

TEMPORARY PERMITS FOR RETIRED DENTISTS

Mr. McCollum reported that he had been working with Dr. Cochrane to find draft language that would be acceptable to all parties. Mr. McCollum stated that the full board had not seen the most recent proposed language, nor have any of the other interested parties.

Dr. Cochrane questioned the delay with regards to this proposed legislation since they have the same deadlines for filing proposed legislation. Dr. Cochrane thanked Mr. McCollum for his work on this proposal. Dr. Cochrane has also spoken to Dr. Bradley about this matter as well.

Dr. Cochrane expressed his general support of the most recent draft, though he had a few comments. Dr. Cochrane would prefer that several small sections be addressed in the Iowa Administrative Code, as opposed to the Iowa Code.

Dr. Cochrane read a portion of the proposed language. “The board may issue... without remuneration.” Dr. Cochrane proposed ending the statement after the word “remuneration.” Dr. Cochrane also commented on the language regarding approved locations. Dr. Bradley and Mr. McCollum agreed to those terms.

The proposed language referred to a restriction on deep sedation/general anesthesia and moderate sedation for temporary permits to retired dentists. Since Board rules address the requirements to provide these services, Dr. Cochrane was not opposed to these proposals. Dr. Cochrane, however, questioned the exclusion of minimal sedation as a permit is not required to provide these services. Specifically, Dr. Cochrane questioned the use of nitrous oxide. Mr. McCollum reported that the reason for that language is that, often times, minimal sedation involves the use of controlled substances, which requires an active CSA and DEA permit. Dr. Cochrane understood those concerns and proposed that a revision be made to allow the use of nitrous oxide.

Dr. Cochrane referenced the language regarding a license that was lapsed due to disciplinary action being prohibited from participating. Dr. Cochrane indicated that there may be some additional questions in regards to this.

Dr. Cochrane reported being thrilled with the proposed item number 10. Dr. Cochrane was also in favor of some of the retired participants limiting themselves to triage. Mr. McCollum recommended leaving that section vague and address it more specifically in the Iowa Administrative Code.

Dr. Bradley stated that the Iowa Dental Association would be in the best position to submit this. Dr. Cochrane agreed to submit this to the legislature for consideration upon receipt of further direction from the Board about the final language. Mr. McCollum will touch based with Iowa Dental Hygienists' Association for further input.

Ms. Slach asked about faculty permit holders, who are foreign trained. Mr. McCollum reported that the current proposal would be limited to dentists and dental hygienists, who received their dental and dental hygiene education and training at ADA-accredited programs.

Mr. Carl stated that too many of the provisions were being placed in the proposed statute. Mr. Carl's concern is that the Iowa Administrative Code would be the best place to address some of these items since those rules can be changed as necessary with a greater degree of flexibility. Mr. Carl believes that the first paragraph is the key portion that ought to be included in the legislative proposal. The rest could be addressed in the Iowa Administrative Code.

Ms. Slach inquired about practitioners in the military. Mr. McCollum reported that the current language addresses those in the military.

Mr. McCollum asked Ms. Braness to provide an overview of the standards and requirements for faculty permits. Ms. Braness provided an overview on standards for faculty permits. An application for faculty permit asks for less information than a dental license since the practice is restricted to the educational setting and programs where the permit holder is employed as a faculty

member. For example, applicants for a faculty permit are not required to complete or show evidence of having completed a clinical examination. Applications for faculty permit that are submitted by applicants who are foreign-trained are forwarded to the Licensure/Registration Committee for additional review and approval prior to issuance. This process for review may not be specifically addressed in the Iowa Administrative Code; however, this step allows for additional review in cases where training was not completed by an ADA-accredited institution.

Mr. McCollum stated that the language of the proposed legislation could possibly be modified to include faculty permit holders as appropriate. Dr. Cochrane expressed his support for the inclusion of permit holders.

Mr. Carl indicated that there is a tight deadline to get the proposed legislation filed for the upcoming legislative session. Mr. Carl reported that the Iowa Dental Association will move forward with the legislation. Mr. McCollum indicated that he would do everything he could to expedite this as much as possible. Mr. McCollum reported that it may be best to hold a teleconference to get formal approval from the Board.

ITINERANT ORAL SURGEONS

Mr. McCollum provided an overview of this item. The request was submitted too late for consideration at the last meeting. There are some concerns by local oral surgeons about some practitioners, who are travelling from location to location providing services for brief periods of time, and are often unavailable for postoperative care. This requires local practitioners to assume the postoperative care when appropriate.

Mr. Carl stated that he has had a lot of conversations about this and wanted to make sure that the Board understood the problem as he did. Mr. McCollum stated that if a complaint were filed, it would be treated as patient abandonment, and the Board would have means to address the complaint from that standpoint.

Dr. Cochrane asked for the difference between itinerant practitioner and a satellite office. Mr. McCollum stated that itinerant practitioners are those that may not practice exclusively in Iowa, and travel to Iowa only to provide dental services. These would most likely be out-of-state practitioners.

Ms. Kelly inquired about this issue. Mr. McCollum and Mr. Sedars stated that there are ways to allow this and still meet the requirement for care. For example, if arrangements are made with the patient for follow up care with a local practitioner, then this may address the concerns. These would need to be reviewed individually to determine if the standard of care was met.

REQUEST FOR NATIONAL EXAMINATION CLEARINGHOUSE

Ms. Braness provided an overview of this item. The Louisiana State Board of Dentistry is requesting that a national clearinghouse for all clinical examinations be established. Currently, Louisiana prohibits licensure if someone fails 3 clinical examinations, regardless of examination completed. Currently, the Louisiana State Board of Dentistry must rely on the applicants to be

truthful. A national clearinghouse would allow states to verify information provided by the applicant. Ms. Braness stated that this does not necessarily require Board action; however, staff wanted to bring this to the attention of the Board.

Ms. Elmitt and Ms. Kelly agreed that this would be a good idea, as it might help Board staff. Mr. McCollum stated that this would likely function in much the same way that the American Association of Dental Boards provided updates to its members regarding action taken against licenses in other states. Dr. Bradley thought that the Board should support this.

- ❖ MOVED by JENEARY, SECONDED by ELMITT, to send a letter in support of the proposal for a central clearinghouse of clinical examinations. Motion APPROVED unanimously.

REQUEST TO INCLUDE CORRECTIONAL FACILITIES IN PUBLIC HEALTH SUPERVISION LOCATIONS

Dr. Bradley reported that there was a motion, which came out of the Dental Hygiene Committee earlier that morning regarding this request. Ms. Kelly confirmed that a motion came out of the committee regarding this item. Mr. McCollum stated that the Board needs to discuss this item further.

- ❖ MOVED by KELLY, SECONDED by SLACH, to interpret the current public health supervision rules to allow correctional facilities to be considered “federal, state, or local public health programs.”

Mr. McCollum asked Ms. Scott for her opinion on this matter. Ms. Scott stated that her initial impression of the request was that the public health supervision rules would need to be changed to include correctional facilities. Upon further discussion, it’s clear that the rule is broadly written, and “public health programs” aren’t defined. Since the rule is written very broadly, it could be interpreted to include a number of things. The question is whether the Board is comfortable interpreting the rule to include correctional facilities. The other option would be to propose a rule change to specifically include correctional facilities in the list of approved public health supervision locations.

Ms. Slach expressed a preference to leave the language broad, as opposed to having a long list of approved facilities. Ms. Kelly reported that each of the prison programs has a dentist associated with each of the locations.

Dr. Bradley has had some conversations with dentists who work within the prison system. Dr. Bradley reported that not all of these dentists are in support of this request. Ms. Kelly reported that some of the dentists were in support of the request. Dr. Bradley reported that some of the dentists are reluctant to support this since the dentists would bear most of the responsibility for the work provided even though they may never see these patients.

Mr. McCollum and Mr. Sedars reported that a dentist who worked in one of the correctional facilities had called the Board about this issue. It appeared that the prison system may be in support of this; however, not all of the dentists, who work for the prisons were in support. There may be a

point where the dentists employed at the correctional facilities would need to enter into these agreements, or terminate their employment with the correctional facilities.

Ms. Elmitt asked about the potential risks of this proposal. Ms. Slach stated that this would not change the public health supervision program itself, this would simply allow dental hygienists to work in these locations under public health supervision. Dr. Vargas believed that the risks would be minimal. The work being performed is reversible. Dental hygienists would refer the patients for further examination and treatment as necessary. Ms. Kelly stated that dentists and dental hygienists are employed by the prison systems.

- ❖ The vote was taken. Motion APPROVED, 7-1. Dr. Fuller opposed the motion.

VIII. APPLICATIONS FOR LICENSURE/REGISTRATION & OTHER REQUESTS

RATIFICATION OF ACTIONS TAKEN ON APPLICATIONS SINCE LAST MEETING

Mr. Braness reported that the Board was provided an updated list of actions taken in response to applications for license, registration, qualification, and permit.

- ❖ MOVED by MEIER, SECONDED by VARGAS, to approve the list as submitted. Motion APPROVED unanimously.

PENDING LICENSURE/REGISTRATION APPLICATIONS

- *David C. Reff, D.D.S. – Dental License*
- *Brian D. Newell, D.D.S. – Dental License*

These applications were discussed in closed session.

IX. 2nd OPPORTUNITY FOR PUBLIC COMMENT

Dr. Bradley allowed the opportunity for public comment.

Dr. Thies commented about the expanded functions and dental hygiene. Dr. Thies believed that the rules should be well defined. Their education prior to performing these services should be verified prior to allowing dental hygienists to perform these tasks. In his experience, dental hygienists cannot perform these tasks unless they were a dental assistant first. Dr. Thies recommended a formal education process for these tasks.

Dr. Cochrane asked to revisit the request from Becky McCarl, R.D.H. regarding the matter of public health supervision and correctional facilities. Dr. Cochrane stated that she is asking to complete examinations under the public health supervision program. Ms. Kelly stated that Ms. McCarl currently performs screenings. Dr. Cochrane stated that there is a reference to completing examinations in the request. Ms. Braness and Mr. McCollum stated that the Board's response would clarify those items that would be allowed pursuant to the rule. Additional clarification was

provided regarding what items she was asking to perform and those items, which are currently performed by the dentists within the correctional facilities.

X. CLOSED SESSION

- ❖ MOVED by VARGAS, SECONDED by SLACH, for the Board to go into closed session at 1:23 p.m. on Friday, October 17, 2014, pursuant to Iowa Code Sections 21.5(1)(a), (d) and (f) to discuss and review applications, complaints and investigative reports which are required by state law to be kept confidential and to discuss whether to initiate disciplinary investigations or proceedings.

<u>Member</u>	<u>Bradley</u>	<u>Elmitt</u>	<u>Fuller</u>	<u>Jeneary</u>	<u>Kelly</u>	<u>McCullough</u>	<u>Meier</u>	<u>Slach</u>	<u>Vargas</u>
Aye	x	x	x	x	x		x	x	x
Nay									
Absent						x			

Motion APPROVED by ROLL CALL.

- The Board went into closed session at 1:23 p.m.
- The Board took a brief recess at 1:23 p.m.
- The Board reconvened at 1:40 p.m.

XIV OPEN SESSION

- ❖ MOVED by ELMITT, SECONDED by VARGAS, to return to open session. Motion APPROVED unanimously.
- The Board reconvened in open session at 6:15 p.m. on October 17, 2014.

ACTION ON CLOSED SESSION ITEMS

1. Closed Session Minutes

- ❖ MOVED by MEIER, SECONDED by VARGAS, to approve the closed session minutes for the July 31-August 1, 2014 quarterly meeting. Motion APPROVED unanimously.

2. Disciplinary Orders

- ❖ MOVED by MEIER, SECONDED by VARGAS, to approve the proposed Combined Statement of Charges, Settlement Agreement and Final Order in the Matter of Shawn M. Kerby, D.D.S., file number 14-0060. Motion APPROVED unanimously.
- ❖ MOVED by KELLY, SECONDED by SLACH, to approve the proposed Combined Statement of Charges, Settlement Agreement and Final Order in the Matter of Lisa A. Kennedy, R.D.H., file number 13-0001. Motion APPROVED unanimously.
- ❖ MOVED by KELLY, SECONDED by SLACH, to approve the proposed Combined Statement of Charges, Settlement Agreement and Final Order in the Matter of Linda G. Meyers, R.D.H., file number 14-0040. Motion APPROVED unanimously.

- ❖ MOVED by KELLY, SECONDED by SLACH, to approve the proposed Combined Statement of Charges, Settlement Agreement and Final Order in the Matter of Janet L. Hillis, R.D.H., file number 14-0049. Motion APPROVED unanimously.
- ❖ MOVED by KELLY, SECONDED by SLACH, to approve the proposed Notice of Hearing and Statement of Charges in the Matter of Lisa M. Kucera, R.D.H., file number 14-0041. Motion APPROVED unanimously.
- ❖ MOVED by JENEARY, SECONDED by ELMITT, to deny the Request to Modify Existing Board Order in the Matter of Andre' Q. Bell, D.D.S., file number 06-055. Motion APPROVED unanimously.

3. *Final Action on Cases*

- ❖ MOVED by FULLER, SECONDED by KELLY, to close file numbers 12-144 and 12-145. Motion APPROVED unanimously.
- ❖ MOVED by FULLER, SECONDED by KELLY, to close file number 12-184. Motion APPROVED unanimously.
- ❖ MOVED by FULLER, SECONDED by KELLY, to keep open file number 13-053. Motion APPROVED unanimously.
- ❖ MOVED by FULLER, SECONDED by KELLY, to close file numbers 13-004 and 14-0077. Motion APPROVED unanimously.
- ❖ MOVED by FULLER, SECONDED by KELLY, to close file number 14-0036. Motion APPROVED unanimously.
- ❖ MOVED by FULLER, SECONDED by KELLY to close file number 14-0065. Motion APPROVED unanimously.
- ❖ MOVED by FULLER, SECONDED by KELLY, to keep open file numbers 14-0080 and 14-0086. Motion APPROVED unanimously.
- ❖ MOVED by FULLER, SECONDED by KELLY, to close file number 14-0102. Motion APPROVED unanimously.
- ❖ MOVED by FULLER, SECONDED by KELLY, to close file number 14-0108. Motion APPROVED unanimously.
- ❖ MOVED by FULLER, SECONDED by KELLY, to close file numbers 14-0110 and 14-0117. Motion APPROVED unanimously.
- ❖ MOVED by FULLER, SECONDED by KELLY, to keep open file number 14-0116. Motion APPROVED unanimously.

- ❖ MOVED by FULLER, SECONDED by KELLY, to keep open file number 14-0118. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0104. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0105. Motion APPROVED unanimously. Vargas recused.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0106. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to keep open file number 14-0107. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0109. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to keep open file number 14-0111. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to keep open file numbers 14-0112 and 14-0113. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0114. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0119. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0121. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0122. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0123. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0124. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0126. Motion APPROVED unanimously.

- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0127. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0128. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to keep open file number 14-0125. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to keep open file number 13-021. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to keep open file number 14-0067. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0088. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0100. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to close file number 14-0101. Motion APPROVED unanimously.
- ❖ MOVED by JENEARY, SECONDED by ELMITT, to close file number 14-0026. Motion APPROVED unanimously.
- ❖ MOVED by JENEARY, SECONDED by ELMITT, to keep open file number 14-0097. Motion APPROVED unanimously.

4. *Licensure/Registration Issues*

- ❖ MOVED by KELLY, SECONDED by SLACH, to approve the issuance of a dental hygiene license to Sara Skattebo, R.D.H. and close file number 14-0135. Motion APPROVED unanimously.
- ❖ MOVED by VARGAS, SECONDED by FULLER, to keep open file number 14-0129. Motion APPROVED unanimously.
- ❖ MOVED by VARGAS, SECONDED by FULLER, to close file number 14-0130. Motion APPROVED unanimously.
- ❖ MOVED by VARGAS, SECONDED by FULLER, to approve the issuance of a dental license to Brian D. Newell, D.D.S., and to close file number 14-0137. Motion APPROVED unanimously.

- ❖ MOVED by VARGAS, SECONDED by FULLER, to approve the issuance of a dental assistant registration to Tera M. Hazen, D.A., and to close file number 14-0138. Motion APPROVED unanimously.
- ❖ MOVED by VARGAS, SECONDED by FULLER, to keep open file number 14-0139. Motion APPROVED unanimously.
- ❖ MOVED by VARGAS, SECONDED by FULLER, to approve the issuance of a dental assistant registration to Kelsey K. Hosch, D.A., and to close file number 14-0140. Motion APPROVED unanimously.

5. *For Board Discussion*

- ❖ MOVED by JENEARY, SECONDED by ELMIT, to close item #1 under this heading on the closed session agenda. Motion APPROVED unanimously.
- ❖ MOVED by JENEARY, SECONDED by ELMIT, to approve item #2 under this heading on the closed session agenda. Motion APPROVED unanimously.
- ❖ MOVED by JENEARY, SECONDED by ELMIT, to close item #3 under this heading on the closed session agenda. Motion APPROVED unanimously.

CLOSED SESSION

- ❖ MOVED by ELMITT, SECONDED by FULLER, to go into closed executive session. Motion APPROVED unanimously.
- The Board went into closed executive session at 6:25 p.m.

XVII. ADJOURN

The meeting was adjourned at 6:50 p.m. on October 17, 2014.

NEXT MEETING OF THE BOARD

The next meeting of the Board is scheduled for January 22-23, 2015, 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

JILL STUECKER
EXECUTIVE DIRECTOR

IOWA DENTAL BOARD

MINUTES

October 31, 2014
Conference Room
400 S.W. 8th St., Suite D
Des Moines, Iowa

Board Members

	October 31, 2014
Steven Bradley, D.D.S.,	Present
Steven C. Fuller, D.D.S.	Present
Matthew J. McCullough, D.D.S.	Absent
Thomas M. Jeneary, D.D.S.	Present
Kaaren G. Vargas, D.D.S.*	Present
Mary C. Kelly, R.D.H.	Present
Nancy A. Slach, R.D.H.	Present
Diane Meier, Public Member	Present
Lori Elmitt, Public Member	Present

*Dr. Vargas arrived at the meeting after roll call was taken.

Staff Members

Phil McCollum, Christel Braness, Dee Ann Argo

Attorney General's Office

Sara Scott, Assistant Attorney General

Other Attendees

Tom Cope, Iowa Dental Hygienists' Association
Carol Van Aernam, R.D.H., Iowa Dental Hygienists' Association
Michael Jenkins, Brown Winnick Law Firm
Larry Carl, Iowa Dental Association
Tracy Rodgers, Iowa Department of Public Health

I. CALL TO ORDER FOR OCTOBER 31, 2014

Dr. Bradley called the open session meeting of the Iowa Dental Board to order at 2:09 p.m. on Friday, October 31, 2014. A quorum was established with seven members present.

Roll Call:

<u>Member</u>	<u>Bradley</u>	<u>Elmitt</u>	<u>Fuller</u>	<u>Jeneary</u>	<u>Kelly</u>	<u>McCullough</u>	<u>Meier</u>	<u>Slach</u>	<u>Vargas</u>
Present	x	x	x	x	x		x	x	
Absent						x			x

II. EXECUTIVE DIRECTOR SEARCH

CLOSED SESSION

- ❖ MOVED by KELLY, SECONDED by MEIER, for the Board to go into closed session at 2:10 p.m. on Friday, October 31, 2014, pursuant to Iowa Code Section 21.5(1)(i).

<u>Member</u>	<u>Bradley</u>	<u>Elmitt</u>	<u>Fuller</u>	<u>Jeneary</u>	<u>Kelly</u>	<u>McCullough</u>	<u>Meier</u>	<u>Slach</u>	<u>Vargas</u>
Aye	x	x	x	x	x		x	x	
Nay									
Absent						x			x

Motion APPROVED by ROLL CALL.

- The Board went into closed session at 2:10 p.m.
- Ms. Meier left the meeting at 3:50 p.m.

OPEN SESSION

- ❖ MOVED by FULLER, SECONDED by JENEARY, to return to open session. Motion APPROVED unanimously.
- The Board reconvened in open session at 4:14 p.m. on October 31, 2014.

III. 1st OPPORTUNITY FOR PUBLIC COMMENT

Dr. Bradley allowed the opportunity for public comment.

Mr. Carl, Iowa Dental Association, commented on the proposal regarding temporary permits for retired licensees. Due to a lot of work by staff and others, Mr. Carl believed that the current language was an excellent compromise. The Iowa Dental Association will put its resources to use in accomplishing this matter.

Mr. Mike Jenkins, Brown Winnick Law Firm, spoke on the issue related to public health supervision and correctional facilities. Mr. Jenkins asked the Board to comply with the rulemaking processes, and rescind its action from the October 17, 2014 Board meeting. Mr. Jenkins believed that the Board established a precedent when it enacted the rulemaking process in 2012 to add day care centers to the list of approved locations. Mr. Jenkins asked that the earlier precedent be followed and allow the rulemaking process to occur. Mr. Jenkins asked that the previous action be rescinded.

Mr. Tom Cope, Iowa Dental Hygienists' Association, disagreed with the Iowa Dental Association's summary of what occurred at the October 17, 2014 meeting of the Board. Mr. Cope stated that the rule was not changed. The Board was asked to determine whether correctional facilities could be interpreted as being included in the current list of approved locations; more specifically, the Board interpreted local, state and federal public health programs to include correctional facilities.

Mr. Cope reported that the Iowa Dental Hygienists' Association submitted comments in response to the proposed legislation regarding temporary licensure. Ms. Braness reported that those comments were forwarded as part of the meeting materials. Mr. Cope noted that this proposed legislation was not an action of the board; rather it is a request from the Iowa Dental Association for support of the legislation. The Iowa Dental Hygienists' Association is not in support of language as currently proposed. The Iowa Dental Hygienists' Association asked that their proposed changes to the legislation be included with the final submission.

IV. OTHER BUSINESS

REQUEST TO INCLUDE CORRECTIONAL FACILITIES IN PUBLIC HEALTH SUPERVISION LOCATIONS

Ms. Scott provided an overview of the action taken by the Board at the October 17, 2014 meeting. The Dental Hygiene Committee and the full Board discussed this matter at their respective meetings.

Ms. Scott does not believe that the Board engaged in improper rulemaking. This was an interpretation of the rules, and may not be binding. It would be similar to the FAQs or other position statements issued by the Board. Ms. Scott stated that she was involved in the addition of day care centers to the list of approved public health supervision locations. There was a lot of discussion that occurred about the 2012 request prior to engaging in the rulemaking process. Ultimately, day cares were determined to not fall within the previous list of approved locations.

The Board can choose to do a number of things in response to the Iowa Dental Association's request to withdraw the action by the Board at the October 17, 2014 meeting. The Board can do nothing; issue a declaratory ruling upon receipt of a request, which has not been received to date; or the Board can pursue rulemaking to clarify this further. Mr. McCollum agreed with Ms. Scott. Other interested parties would have the means to request further remedy to this if they choose that it needs to be further addressed.

Dr. Bradley asked what the result would be if the Board chose to do nothing. Ms. Scott stated that if there were enough concern, an interested party could request a declaratory ruling. Ms. Kelly reported having asked about that at the last meeting. Ms. Scott stated that a declaratory ruling must be requested by another party; declaratory rulings cannot be initiated by the Board.

Ms. Kelly stated that she would make the motion to retain the previous meeting's motion to interpret correctional facilities as being a state public health program.

Dr. Fuller asked for a definition of “public health program”. Ms. Scott stated that it is not defined in Iowa Administrative Code 650, which is part of the problem.

Ms. Kelly asked about this matter at the public health department at the University of Iowa College of Dentistry for input. Ms. Kelly talked to board-certified dental public health dentists. Dr. Warren indicated that correctional facilities should be considered within a public health program since there are no private options available to that population. Dr. Warren believed that correctional facilities were similar, with respect to the population, to schools or nursing homes. Schools and nursing homes are approved locations for public health supervision. Dr. Kuthy also agreed that correctional facilities could be deemed public health programs since there aren’t private sector options available to these populations.

Ms. Slach referenced some articles, which supported those statements. Ms. Slach stated that correctional facilities do not compare equally to the addition of day care facilities to the current list of approved sites. Prisoners cannot choose to opt out of that system or setting.

- ❖ **MOVED** by KELLY, **SECONDED** by VARGAS, to retain the motion from the last meeting. Motion **APPROVED**. Dr. Fuller opposed the motion.

V. LEGISLATIVE UPDATE

TEMPORARY PERMITS FOR RETIRED DENTISTS

Mr. McCollum provided some explanation of the drafts, which were provided for consideration, and some of the explanation of the proposals. Mr. McCollum clarified that the Iowa Dental Association would be sponsoring the legislation, but the Board and other interested parties could register their support if they wanted.

Mr. McCollum stated that the intention of the stricken language in the latest proposal would be addressed in the Iowa Administrative Code 650 following adoption of the legislation. The specifics of the administrative code portions would be addressed through the rulemaking process.

Ms. Slach stated that she did not feel like there was enough time to fully consider these options. There were questions about the matter of military and faculty. Mr. McCollum stated that military members have been taken into consideration in the proposal. Mr. McCollum believed that faculty permit holders were addressed as well.

Ms. Braness stated that faculty permit holders are welcome to participate in volunteer programs so long as the university or college where they are employed participate in these programs. Faculty permits allow participation in university- or college-sanctioned events.

Ms. Braness reported that the requirements for a faculty permit are not totally equivalent to the requirements for a dental license. There are some distinct differences between a dental license and a faculty permit. Faculty members can participate in programs if the university or college sanctions participation in those events.

Ms. Slach stated that faculty permit holders are unable to volunteer at free dental clinics since those have not been made a part of the University of Iowa College of Dentistry's official programs. Ms. Slach stated that faculty members who teach may be better suited to volunteer their services than retired practitioners. Mr. McCollum stated that this is not the purpose of this proposal. The purpose of this proposal is to find a pathway for retired practitioners to volunteer their services.

Dr. Vargas agreed with staff with respect to the differences between a dental license and a faculty permit. As a former faculty permit holder, Dr. Vargas viewed dental licenses and faculty permits as being different. In the case of faculty permits, the university or college indemnify the faculty permit holders. Outside of the confines of the educational program, it becomes much more difficult for the university or college to provide that same support. One of the other differences is that applicants for faculty permit are not mandated to complete the same examinations that are required of applicants for dental license.

Ms. Slach asked again about military members. Dr. Vargas and Mr. McCollum stated that the current language covers active military members.

Ms. Slach asked about the difference in the proposal that the retired volunteer permit would be valid for one year as opposed to being limited to a specific event. Current rules for voluntary permits limit the permit to a specific event. Ms. Braness stated that there is a difference between the two types of volunteer permit. The current rules only apply to practitioners hold active licenses in at least one state. Retired practitioners who do not hold an active license would be ineligible under the current rules.

Mr. McCollum stated that there is the potential for multiple events in which retired practitioners want to participate over the course of a year. By issuing the permit for one year, it reduces the administrative burden. The specific requirements would be addressed in administrative rule.

Ms. Slach asked why a fee was not being assessed. Mr. McCollum stated that the current temporary permit does not require payment of a fee. Ms. Braness clarified that only the temporary permit for *volunteer* services has no fee associated with it. There is a fee for applications for temporary permit for the purposes of urgent need or educational services. The reason for not requiring a fee for volunteer permits is that the practitioners are volunteering their time and services. Dr. Vargas agreed that there should be a fee for these requests.

Ms. Kelly asked about the cost to process the applications. Ms. Braness reported that at one time, there was a fee of \$25.00 assessed for volunteer permits. The fee was removed from the administrative rules approximately a year ago following the receipt of a request to remove the fee. Mr. McCollum reported that very few requests for volunteer permits are received each year. Ms. Braness stated that the number of applications vary each year, but the numbers are, typically, low.

Mr. McCollum does not see this as a high volume application. Mr. McCollum stated that this is a good faith effort to encourage practitioners, who meet the guidelines, to volunteer their services at no cost. Mr. McCollum believed that this was Dr. Cochrane's intent with the proposal.

Ms. Kelly inquired about potential costs to the Board. Mr. McCollum stated that a quote has not been formally requested in regards to these proposed changes; however, changes to the database could potentially cost between \$15,000-20,000 to implement the program in the database.

There was a question regarding potential volume. Mr. McCollum stated that it was hard to provide an accurate projection at this time since the current temporary permit is not a true equivalent. Since the Board has not previously allowed this type of permit, there is no easy method of projecting that number.

Ms. Slach had concerns about potential applicants with physical impairments. Ms. Braness stated that the applications for license and registration include questions about impairment. These questions could be included on this application. Mr. McCollum stated that some of these concerns could be addressed in the administrative code. The question at this time was if the board wished to support the proposed legislation.

Ms. Kelly stated that the Iowa Dental Association could use any of the draft proposals. The Iowa Dental Hygienists' Association has submitted comments for consideration; however, that was not a guarantee that the Iowa Dental Association would use that draft. Mr. McCollum agreed that since the Iowa Dental Association is sponsoring the proposed legislation, it would be their decision as to which draft to use. Ms. Kelly stated that the Board would be voting not knowing which draft they would use. Due to constraints on time, Dr. Bradley did not allow the opportunity for additional comments from the members of the public in attendance. Mr. McCollum stated that the Board is aware of all comments concerning the legislation and can decide how to proceed.

Mr. McCollum stated that the Board members have received proposals as drafted by staff in conjunction with the Iowa Dental Association, and a version with the Iowa Dental Hygienists' Association's recommended changes. The Board will need to decide which version, if any, to support.

- ❖ MOVED by KELLY, SECONDED by VARGAS, to offer support the legislation if the final submission included the Iowa Dental Hygienists' Association's proposed changes.

Mr. McCollum stated that if the language referring to clinical practice is included in the legislative submission that other requirements would need to be added to the administrative code prior to implementation. Supervision levels would need to be established in administrative code since all services must be provided under supervision.

- ❖ Motion APPROVED. Dr. Jeneary, Ms. Slach and Dr. Fuller opposed. Since the vote was tied 3-3, Dr. Bradley voted to approve the motion.

VI. APPLICATIONS FOR LICENSURE/REGISTRATION & OTHER REQUESTS

PENDING LICENSURE/REGISTRATION APPLICATIONS

- *David C. Reff, D.D.S. – Dental License*

This application was discussed in closed session.

VII. 2nd OPPORTUNITY FOR PUBLIC COMMENT

Dr. Bradley allowed the opportunity for public comment.

No comments were received.

VIII. CLOSED SESSION

- ❖ MOVED by JENEARY, SECONDED by FULLER, for the Board to go into closed session at 4:46 p.m. on Friday, October 31, 2014, pursuant to Iowa Code Sections 21.5(1)(a), (d) and (f) to discuss and review applications, complaints and investigative reports which are required by state law to be kept confidential and to discuss whether to initiate disciplinary investigations or proceedings.

<u>Member</u>	<u>Bradley</u>	<u>Elmitt</u>	<u>Fuller</u>	<u>Jeneary</u>	<u>Kelly</u>	<u>McCullough</u>	<u>Meier</u>	<u>Slach</u>	<u>Vargas</u>
Aye	x	x	x	x	x			x	x
Nay									
Absent						x	x		

Motion APPROVED by ROLL CALL.

- The Board went into closed session at 4:46 p.m.

OPEN SESSION

- ❖ MOVED by ELMITT, SECONDED by KELLY, to return to open session. Motion APPROVED unanimously.
- The Board reconvened in open session at 4:50 p.m. on October 31, 2014.

IX. ACTION ON CLOSED SESSION ITEMS

1. Disciplinary Orders

- ❖ MOVED by SLACH, SECONDED by VARGAS, to approve the proposed Combined Statement of Charges, Settlement Agreement and Final Order in the Matter of Andris V. Kirsis, D.D.S., file number 14-0057. Motion APPROVED unanimously.
- ❖ MOVED by SLACH, SECONDED by VARGAS, to approve the proposed Stipulated License Agreement in the Matter of David C. Reff, D.D.S., file number 14-0139. Motion APPROVED unanimously.
- ❖ MOVED by KELLY, SECONDED by SLACH, to approve the proposed Findings of Fact, Conclusions of Law, Decision and Order in the Matter of Cynthia D. Adams, Q.D.A., file number 13-0049. Motion APPROVED unanimously.

2. *New Complaints*

- ❖ MOVED by VARGAS, SECONDED by FULLER, to close file number 14-0149.
Motion APPROVED unanimously.

3. *Reconsideration*

- ❖ MOVED by JENEARY, SECONDED by ELMITT, to close file number 14-0129.
Motion APPROVED unanimously.

X. ADJOURN

- ❖ MOVED by VARGAS, SECONDED by FULLER, to adjourn.

The meeting was adjourned at 4:55 p.m. on October 31, 2014.

NEXT MEETING OF THE BOARD

The next meeting of the Board is scheduled for January 22-23, 2015, 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

JILL STUECKER
EXECUTIVE DIRECTOR

IOWA DENTAL BOARD

OPEN SESSION MINUTES

November 10, 2014
Conference Room
400 S.W. 8th St., Suite D
Des Moines, Iowa

Board Members

Steven Bradley, D.D.S.,
Steven C. Fuller, D.D.S.
Matthew J. McCullough, D.D.S.
Thomas M. Jeneary, D.D.S.
Kaaren G. Vargas, D.D.S.
Mary C. Kelly, R.D.H.
Nancy A. Slach, R.D.H.
Diane Meier, Public Member
Lori Elmitt, Public Member

November 10, 2014

Present
Present
Present
Present
Present
Present
Present
Present
Present

Staff Members

Christel Braness

Attorney General's Office

Sara Scott, Assistant Attorney General

I. CALL TO ORDER FOR NOVEMBER 10, 2014

Dr. Bradley called the open session meeting of the Iowa Dental Board to order at 7:31 a.m. on Monday, November 10, 2014. The meeting was held by electronic means in compliance with Iowa Code Section 21.8. The purpose of the meeting was to continue the discussion related to the executive director search. It was impractical to meet in person with such a short agenda and on such short notice. A quorum was established with all members present.

Roll Call:

<u>Member</u>	<u>Bradley</u>	<u>Elmitt</u>	<u>Fuller</u>	<u>Jeneary</u>	<u>Kelly</u>	<u>McCullough</u>	<u>Meier</u>	<u>Slach</u>	<u>Vargas</u>
Present	x	x	x	x	x	x	x	x	x
Absent									

II. EXECUTIVE DIRECTOR SEARCH

CLOSED SESSION

- ❖ MOVED by VARGAS, SECONDED by KELLY, for the Board to go into closed session at 7:32 a.m. on Monday, November 10, 2014, pursuant to Iowa Code Section 21.5(1)(i).

<u>Member</u>	<u>Bradley</u>	<u>Elmitt</u>	<u>Fuller</u>	<u>Jeneary</u>	<u>Kelly</u>	<u>McCullough</u>	<u>Meier</u>	<u>Slach</u>	<u>Vargas</u>
Aye	x	x	x	x	x	x	x	x	x
Nay									
Absent									

Motion APPROVED by ROLL CALL.

- The Board went into closed session at 7:32 a.m.
- ❖ MOVED by VARGAS, SECONDED by SLACH, to return to open session. Motion APPROVED unanimously.
- The Board reconvened in open session at 7:50 a.m. on October 17, 2014.

III. ACTION, IF ANY, ON CLOSED SESSION ITEMS

- ❖ MOVED by SLACH, SECONDED by JENEARY, to APPROVE the motion made during closed session.

<u>Member</u>	<u>Bradley</u>	<u>Elmitt</u>	<u>Fuller</u>	<u>Jeneary</u>	<u>Kelly</u>	<u>McCullough</u>	<u>Meier</u>	<u>Slach</u>	<u>Vargas</u>
Yes	x	x	x	x	x	x	x	x	x
No									
Absent									

Motion APPROVED unanimously.

IV. 1st OPPORTUNITY FOR PUBLIC COMMENT

Dr. Bradley allowed the opportunity for public comment.

No comments were received.

V. ADJOURN

- ❖ MOVED by FULLER, SECONDED by MCCULLOUGH, to ADJOURN the meeting. Motion APPROVED unanimously.

The meeting was adjourned at 7:51 a.m. on November 10, 2014.

NEXT MEETING OF THE BOARD

The next meeting of the Board is scheduled for January 22-23, 2015, 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

JILL STUECKER
EXECUTIVE DIRECTOR

IOWA DENTAL BOARD

MINUTES

December 9, 2014
Conference Room
400 S.W. 8th St., Suite D
Des Moines, Iowa

Board Members

Steven Bradley, D.D.S.,
Steven C. Fuller, D.D.S.
Matthew J. McCullough, D.D.S.
Thomas M. Jeneary, D.D.S.
Kaaren G. Vargas, D.D.S.
Mary C. Kelly, R.D.H.
Nancy A. Slach, R.D.H.
Diane Meier, Public Member
Lori Elmitt, Public Member

December 9, 2014

Present
Present
Present
Present
Absent
Present
Absent
Present
Present

Staff Members

Phil McCollum, Christel Braness

Attorney General's Office

Sara Scott, Assistant Attorney General

I. CALL TO ORDER FOR DECEMBER 9, 2014

Dr. Bradley called the open session meeting of the Iowa Dental Board to order at 1:02 p.m. on Tuesday, December 9, 2014. The meeting was held by electronic means in compliance with Iowa Code Section 21.8. The purpose of the meeting was to take action on administrative rules, which are eligible for adoption. It was impractical to meet in person with such a short agenda and on such short notice. A quorum was established with six members present.

Roll Call:

<u>Member</u>	<u>Bradley</u>	<u>Elmitt</u>	<u>Fuller</u>	<u>Jeneary</u>	<u>Kelly</u>	<u>McCullough</u>	<u>Meier</u>	<u>Slach</u>	<u>Vargas</u>
Present	x	x	x	x	x		x		
Absent						x		x	x

II. 1st OPPORTUNITY FOR PUBLIC COMMENT

Dr. Bradley allowed the opportunity for public comment.

No comments were received.

III. ADMINISTRATIVE RULES

- Iowa Administrative Code 650—Chapter 29, “*Sedation and Nitrous Oxide Inhalation Analgesia*”

Mr. McCollum provided an overview of the proposed rules. If adopted, the proposed rules would require all moderate sedation permit holders to use capnography or a pretracheal/precordial stethoscope at all facilities where they provide sedation services. The rules included a requirement date of January 1, 2015; however, the rules will not go into effect until February 2015. Only one written comment was received in response to the proposed changes. The comment was in support of the rules as drafted.

The rules will be noticed again and republished prior to becoming effective. If approved, the rules would go into effect on February 11, 2015.

➤ McCullough joined 1:05 p.m.

❖ MOVED by JENEARY, SECONDED by KELLY, to ADOPT the rules as drafted. Motion APPROVED unanimously.

- Iowa Administrative Code 650—Chapter 52 (new chapter), “*Military Service and Veteran Reciprocity*”

Mr. McCollum provided an overview of the rules. These rules are intended to begin the implementation of the Home Base Iowa Act.

Adoption of the administrative rules was required no later than January 1, 2015. The rules would become effective February 11, 2015.

❖ MOVED by MCCULLOUGH, SECONDED by FULLER, to ADOPT the rules as drafted. Motion APPROVED unanimously.

V. 2nd OPPORTUNITY FOR PUBLIC COMMENT

Dr. Bradley offered the opportunity for public comment.

No comments were received.

VI. ADJOURN

❖ MOVED by BRADLEY, SECONDED by ELMITT, to adjourn the meeting. Motion APPROVED unanimously.

The meeting was adjourned at 1:07 p.m. on December 9, 2014.

NEXT MEETING OF THE BOARD

The next meeting of the Board is scheduled for January 22-23, 2015, in Des Moines, Iowa.

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

REPORT TO THE IOWA DENTAL BOARD

FYI

DATE OF MEETING: January 22, 2015
RE: **Actions Taken by the Committee on Applications for Sedation Permits**
SUBMITTED BY: **Anesthesia Credentials Committee**

COMMITTEE ACTIONS TAKEN ON APPLICATIONS

The committee has voted to take action on the applications as indicated below:

- *Ashley Sunstrum, D.D.S. – Moderate Sedation Permit*
 - Has requested additional information regarding course curriculum since the course was not previously approved by the committee.

- *Mitch Driscoll, D.D.S. – Moderate Sedation Permit*
 - Has requested additional information regarding course curriculum since the course was not previously approved by the committee.

- *Request for Consideration of Prior Training and Experience – Dr. Judd Larson*
 - The committee denied the request to accept previous DOCS training in moderate sedation and experience providing moderate sedation in another state. The original training does not appear to comply with the requirements for training as established in Iowa Administrative Code 650—29.4.

REPORT TO THE IOWA DENTAL BOARD

DATE OF MEETING: January 22, 2015
RE: Recommendations: Course & Sponsor Requests
SUBMITTED BY: Continuing Education Advisory Committee
ACTION REQUESTED: Board Action on Committee Recommendation

COMMITTEE RECOMMENDATIONS

The committee requests that the Board accept the following recommendations:

CONTINUING EDUCATION COURSE REVIEW

1. **Kiess Kraft Dental Labs** – “Paradigm Shifts in Dental Medicine” – Requested 4 hours – **APPROVED for 3 hours**
2. **Kiess Kraft Dental Labs** – “The Role of PDGF and BMP-2 in Implant Dentistry” – Requested 2 hours - **APPROVED**
3. **Kiess Kraft Dental Labs** – “Oral Art and Design: The Synergy of Esthetics & Function” – Requested 2 hours - **APPROVED**
4. **Kiess Kraft Dental Labs** – “Meet the Newest Digital Impression System” – Requested 2 hours - **APPROVED**
5. **SE IA District Dental Society** – “Oral Pathology, Diagnosis and Treatment” – Requested 6.5 hours - **APPROVED**
6. **Oral Surgeons, P.C.** – “Advantages of Custom Abutments to Achieve Optimal Esthetic Results” – Requested 1.5 hours - **APPROVED**
7. **IDPH** – “Refugee Health” – Requested 1.5 hours - **APPROVED**
8. **Oral Surgery Associates** – “Pediatric Anesthesia Review” – Requested 2 hours – **APPROVED**
9. **Iowa Valley Continuing Education** – “Infections Diseases in Today’s World Traveler for the Dental Professional” – Requested 3 hours - **APPROVED**
10. **ACT Dental** – “ACT Dental Practice Coaching – Project Launch” – Requested 13 hours – **DENIED since focus of the course on issues related to practice management.**
11. **Iowa Dental Association – May 2015 meeting**
 - a. General Attendance – 3 hours - **APPROVED**
 - b. Table Clinic Attendance – 2 hours - **APPROVED**
 - c. Table Clinic Presenters – 4 hours - **APPROVED**
 - d. How Crown Lengthening Will Enhance Your Restorative Results – Requested 3 hours - **APPROVED**

- e. Crown Lengthening – Requested 4 hours - **APPROVED**
- f. Baby Steps: Infant & Preschool Dental Care for the General Dentist – Requested 3 hours - **APPROVED**
- g. Restore Your Confidence in Pediatric Restorative Dentistry – Requested 3 hours - **APPROVED**
- h. Digital Photography for the Dental Team: From Capture to Conversion; The Internet – Steps to Protect Personal, Patient and Office Privacy – Requested 3 hours - **APPROVED**
- i. Avoid Liability: Know Your Patients’ Medications and Their Impact on Dental Treatment 1st Session – Requested 2 hours – **APPROVED with a recommendation that the course focus on the issues other than liability.**
- j. Avoid Liability: Know Your Patients’ Medications and Their Impact on Dental Treatment 2nd Session – Requested 1.5 hours – **APPROVED with a recommendation that the course focus on the issues other than liability.**
- k. Avoid Liability: Know Your Patients’ Medications and Their Impact on Dental Treatment 3rd Session – Requested 1.5 hours – **APPROVED with a recommendation that the course focus on the issues other than liability.**
- l. Avoid Liability: Know Your Patients’ Medications and Their Impact on Dental Treatment 4th Session – Requested 1.5 hours – **APPROVED with a recommendation that the course focus on the issues other than liability.**
- m. Minimally Invasive Adhesive and Esthetic Dentistry: A Review of Available Treatment Options and Materials 1st Session – Requested 2 hours - **APPROVED**
- n. Minimally Invasive Adhesive and Esthetic Dentistry: A Review of Available Treatment Options and Materials 2nd Session – Requested 2 hours - **APPROVED**
- o. Minimally Invasive Adhesive and Esthetic Indirect Anterior Bonded Restorations 1st Session – Requested 1.5 hours - **APPROVED**
- p. Minimally Invasive Adhesive and Esthetic Indirect Anterior Bonded Restorations 2nd Session – Requested 1 hour - **APPROVED**
- q. OHSA, HIPAA, and Licensure Regulations – Requested 1.5 hours – **APPROVED for 1 hour per session, with a total of 2 hours if there are 2 sessions to the course. (2nd session must be different from 1st session in order to claim credit for both.)**
- r. OHSA, HIPAA, and Licensure Regulations Continued – Requested 1.5 hours - **APPROVED for 1 hour per session, with a total of 2 hours if there are 2 sessions to the course. (2nd session must be different from 1st session in order to claim credit for both.)**
- s. Business Aspects of Practice – Requested 1.5 hours – **DENIED since the course focuses on aspects related to practice management.**
- t. Business Aspects of Practice Continued – Requested 1.5 hours - **DENIED since the course focuses on aspects related to practice management.**

- u. New Dimensions in Endodontics Lecture – Requested 2 hours - **APPROVED**
 - v. New Dimensions in Endodontics Hands-on Workshop – Requested 2 hours - **APPROVED**
 - w. You’re Saving Teeth, But Are You Saving Lives? Introduction to Dental Sleep Medicine 1st Session – Requested 1.5 hours - **APPROVED**
 - x. You’re Saving Teeth, But Are You Saving Lives? Introduction to Dental Sleep Medicine 1st Session – Requested 2 hours - **APPROVED**
 - y. Infection Control Update – Requested 2 hours - **APPROVED**
 - z. Radiography Renewal – Requested 2 hours - **APPROVED**
12. **Oral Surgeons, P.C.** – “Wisdom Teeth – Lunch and Learn” – Requested 1 hour - **APPROVED**
13. **Iowa Primary Care Association** – “Mental Health First Aid Training” – Requested 8 hours – **Committee requested additional information demonstrating the application of this course to the practice of dentistry prior to making a final recommendation.**
14. **Martin Halbur, D.D.S.** – “Smokeless Tobacco Products and Substance Abuse in Our Community” – Requested 1 hour - **APPROVED**
15. **Iowa City Dental Hygienists’ Association** – “Integrative Medicine: 3 Secrets to a Longer, Healthier Life for Your Patients and You” – Requested 3 hours - **Committee requested additional information demonstrating the application of this course to the practice of dentistry prior to making a final recommendation.**
16. **Iowa Academy of General Dentistry** – “*Oral Surgery for the General Dentist: Easier & More Predictable*” – Requested 18 hours in total: 8 hours lecture, 2 hours participation, 8 hours participation - **APPROVED**

CONTINUING EDUCATION SPONSOR

The CEAC recommended:

- 1. Iowa Dental Assistants Association (Recertification application) – **APPROVED**
- 2. Fuller & McCray Oral & Maxillofacial Surgery – **APPROVED**
- 3. iSmile Orthodontics, P.C. – **APPROVED**
- 4. **Axton Innovations, L.L.C.** – **has requested additional information about course content prior to making a final recommendation.**

Proposed Motion:

I move that the Board accept the committee’s recommendations as indicated above.

REPORT TO THE IOWA DENTAL BOARD

FYI ONLY

DATE OF MEETING: January 22, 2015
RE: Quarterly Report on IPRC Activities
SUBMITTED BY: Brian Sedars, Health Professions Investigator
ACTION REQUESTED: None.

The Iowa Practitioner Review Committee evaluates, assists, and monitors the recovery, rehabilitation, or maintenance of dentists, hygienists, or assistants who self-report impairments. As necessary, the Committee notifies the Board in the event of noncompliance with contract provisions.

The IPRC is both an advocate for the health of a practitioner and a means to protect the health and safety of the public.

The Board's administrative rules require the Committee to submit a quarterly report to the Board on the activities of the IPRC. Below is the quarterly report.

Iowa Dental Board Iowa Practitioner Review Committee

Current Numbers (as of 01/08/15) 2014
Totals

Self Reports	4
Current Participants	13
Contracts under Review	4
Discharged Participants	0

Proposed Draft – Iowa Dental Hygienists' Association: January 2015

TITLE III
LICENSING

CHAPTER 10

GENERAL REQUIREMENTS

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

10.3 (8) NEW A licensed dentist may delegate to a dental hygienist any of the following therapeutic, preventive, or diagnostic procedures for which the dental hygienist has received board approved training to perform the procedure, or if a licensed dentist has determined that the hygienist possesses the skills necessary to perform the function. All of these tasks shall be performed under direct, general, or public health supervision. General or public health supervision shall not preclude the use of direct supervision when in the professional judgment of the dentist such supervision is necessary to meet the individual needs of the patient.

1. Taking occlusal registrations;
 2. Placement and removal of gingival retraction;
 3. Applying desensitizing agents;
 4. Placement and removal of dry socket medication;
 5. Placement of periodontal dressings;
 6. Testing pulp vitality;
 7. Removal of adhesives;
 8. Preliminary charting of existing dental restorations and teeth
 9. Administer and dispense antimicrobial solutions or other antimicrobial agents in the performance of dental hygiene functions.
10. Administer and dispense fluoride, antimicrobial solutions for mouth rinsing or other non-systemic antimicrobial agents.

In addition, a dental hygienist may perform the following functions, but only under direct supervision:

1. Fabrication, placement and removal of provisional restorations, including but not limited to, stainless steel crowns;
2. Applying cavity liners and bases, and bonding systems with the exception of sealants;
3. Monitoring of nitrous oxide inhalation analgesia;
4. Taking final impressions;

10.3 (9) NEW A dental hygienist may perform the following Level 2 expanded functions if delegated by a licensed dentist and if the dental hygienist has successfully passed a Board-approved entrance exam before beginning training as a Level 2 expanded functions provider. The dental hygienist must successfully complete training for all Level 2 expanded function procedures before becoming certified as a Level 2 expanded functions provider.

Proposed Draft – Iowa Dental Hygienists' Association: January 2015

A dentist may delegate any of the following Level 2 expanded function duties to a dental hygienist 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. Taking records for the fabrication of dentures and partial dentures;
4. Denture reline (soft reline only, where denture is not relieved o or

modified); These procedures refer to both primary and permanent teeth.

10.3(10) NEW 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 hygienist shall be responsible for maintaining in each office of practice, documentation of successful completion 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 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.

TITLE IV
AUXILIARY PERSONNELCHAPTER 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. 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. The supervising dentist and the assistant shall be responsible for maintaining in the office of practice, documentation of board-approved training.

20.4(3) 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 registered dental assistant shall be responsible for maintaining in each office of practice, documentation of successful completion 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 (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.

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 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 6/6/79]

[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.

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 27, “Standards of Practice and Principles of Professional Ethics,” Iowa Administrative Code.

The purpose of the proposed amendment is to reduce the retention schedule for study models and casts. Current rules require dentists to maintain study models and casts for a minimum of six years after the date of last examination, prescription, or treatment. If it involves a minor, then they shall be maintained for a minimum of either (a) one year after the patient reaches the age of majority (18), or (b) six years, whichever is longer. The amendment would require that study models and casts only be maintained for six years following the date that treatment is completed. As an alternative, dentists may provide such study models and casts to the patient for retention one year after completion of treatment. The Board approved this Notice of Intended Action at the January 22, 2015 quarterly meeting of the Iowa Dental Board.

Any interested person may make written comments on the proposed new rules on or before March 13th, 2015. Such written materials should be directed to Phil McCollum, Associate Director, Iowa Dental Board, 400 S.W. Eighth Street, Suite D, Des Moines, Iowa 50309 or sent by email to phil.mccollum@iowa.gov.

There will be a public hearing on March 13th, 2015 at 2:00 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.

The following amendment is proposed.

Amend rule 650—27.11(153) as follows:

650—27.11 (153,272C) Record keeping. Dentists shall maintain patient records in a manner consistent with the protection of the welfare of the patient. Records shall be permanent, timely, accurate, legible, and easily understandable.

27.11(1) Dental records. Dentists shall maintain dental records for each patient. The records shall contain all of the following:

a. Personal data.

- (1) Name, date of birth, address and, if a minor, name of parent or guardian.
- (2) Name and telephone number of person to contact in case of emergency.

b. Dental and medical history. Dental records shall include information from the patient or the patient's parent or guardian regarding the patient's dental and medical history. The information shall include sufficient data to support the recommended treatment plan.

c. Patient's reason for visit. When a patient presents with a chief complaint, dental records shall include the patient's stated oral health care reasons for visiting the dentist.

d. Clinical examination progress notes. Dental records shall include chronological dates and descriptions of the following:

- (1) Clinical examination findings, tests conducted, and a summary of all pertinent diagnoses;
- (2) Plan of intended treatment and treatment sequence;
- (3) Services rendered and any treatment complications;
- (4) All radiographs, study models, and periodontal charting, if applicable;
- (5) Name, quantity, and strength of all drugs dispensed, administered, or prescribed; and
- (6) Name of dentist, dental hygienist, or any other auxiliary, who performs any treatment or service or who may have contact with a patient regarding the patient's dental health.

e. Informed consent. Dental records shall include, at a minimum, documentation of informed consent that includes discussion of procedure(s), treatment options, potential complications and known risks, and patient's consent to proceed with treatment.

27.11(2) Retention of records. A dentist shall maintain a patient's dental record for a minimum of six years after the date of last examination, prescription, or treatment. Records for minors shall be maintained for a minimum of either (a) one year after the patient reaches the age of majority (18), or (b) six years, whichever is longer. Study models and casts shall be maintained for six years following the date that treatment is completed. Alternatively, study models and casts may be provided to patients for retention one year after completion of treatment. Proper safeguards shall be maintained to ensure safety of records from destructive elements.

27.11(3) Electronic record keeping. The requirements of this rule apply to electronic records as well as to records kept by any other means. When electronic records are kept, a dentist shall keep either a duplicate hard copy record or use an unalterable electronic record.

27.11(4) Correction of records. Notations shall be legible, written in ink, and contain no erasures or white-outs. If incorrect information is placed in the record, it must be crossed out with a single nondeleting line and be initialed by a dental health care worker.

27.11(5) Confidentiality and transfer of records. Dentists shall preserve the confidentiality of patient records in a manner consistent with the protection of the welfare of the patient. Upon request of the patient or patient's legal guardian, the dentist shall furnish the dental records or copies or summaries of the records, including dental radiographs or copies of the radiographs that are of diagnostic quality, as will be beneficial for the future treatment of that patient. The dentist may charge a nominal fee for duplication of records, but may not refuse to transfer records for nonpayment of any fees.

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

BEFORE THE IOWA DENTAL BOARD

Petition by Iowa Dental Association for)
amendment of 650 IAC 10.5(1) relating to)
definition of "public health settings")

**PETITION FOR
RULEMAKING**

1. Pursuant to 650 IAC section 7.1, the Iowa Dental Association ("Petitioner") hereby petitions the Iowa Dental Board (the "Board") for amendment of 650 IAC section 10.5(1) (the "Rule"), which sets forth the definition of "public health settings" for purposes of public health supervision of a dental hygienist by a dentist. Specifically, Petitioner asks the Board to amend the Rule to read as follows.

10.5(1) Public health settings defined. For the purposes of this rule, public health settings are limited to schools; Head Start programs; programs affiliated with the early childhood Iowa (ECI) initiative authorized by Iowa Code chapter 256I; child care centers (excluding home-based child care centers); federally qualified health centers; public health dental vans; free clinics; nonprofit community health centers; and nursing facilities; ~~and federal, state, or local public health programs.~~

2. Section 10.5 of the Board's rules authorizes a dentist and a dental hygienist to enter into a written agreement under which the dentist provides public health supervision over the dental hygienist when the hygienist provides services in specified public health settings. The dentist need not be physically present to supervise the services provided by the hygienist; but the dentist must be available to provide communication and consultation with the dental hygienist. The hygienist must only provide dental hygiene services pursuant to age- and procedure-specific standing orders from the dentist.

3. One of the Petitioner's top priorities is ensuring adequate access to high-quality dental care for all Iowans, regardless of their socioeconomic status. Access to dental care, however, should not be provided at the cost of compromised patient safety.

4. During its meeting on Friday, October 17, 2014, the Board took action to expand the scope of public health settings to include correctional facilities. This action, which the Board took without notice and without providing an opportunity for public comment, threatens to undermine the safety of patients. Petitioner has been advised that the legal basis upon which the Board relied for the action taken on October 17, 2014, is the provision in the Rule for "federal, state, or local public health programs." Petitioner disagrees with the Board's conclusion that the term "federal, state, or local public health programs" was intended to include dental care provided in Iowa correctional facilities. The Board's contrary interpretation highlights a significant problem with the language—the language is so vague as to render it effectively meaningless. The amendment proposed by Petitioner would strike this language from the Rule. By striking this vague catch-all language, the effect of the amendment would be to require the Board to provide notice and an opportunity for public comment any time it proposes to expand the scope of public health supervision to include additional public health settings.

5. Petitioner represents nearly ninety percent of all dentists practicing in the state of Iowa. Petitioner's member dentists have a significant interest in ensuring that dental care is provided to patients as safely as possible. The proposed amendment would ensure that future expansions of public health settings occur only after notice and an opportunity for public comment. As the professionals supervising the care provided in public health settings,

Petitioner's member dentists should have the opportunity to provide comment regarding whether dental care can be provided safely in any setting the Board proposes to add in the future.

6. Petitioner is the Iowa Dental Association, 8797 NW 54th Avenue, Suite 100, Johnston, Iowa 50131, (515) 331-2298. Petitioner's legal counsel is the undersigned, Adam J. Freed and Rebecca A. Brommel, 666 Grand Avenue, Suite 2000, Des Moines, Iowa 50309, (515) 242-2400. Official communications concerning this Petition should be directed to Petitioner's legal counsel.

Dated this 3rd day of December, 2014.


ADAM J. FREED
REBECCA A. BROMMEL

BROWN, WINICK, GRAVES, GROSS,
BASKERVILLE AND SCHOENEBAUM, P.L.C.
666 Grand Avenue, Suite 2000
Des Moines, IA 50309-2510
Telephone: 515-242-2400
Facsimile: 515-283-0231
Email: freed@brownwinick.com
Email: brommel@brownwinick.com

ATTORNEYS FOR PETITIONER

Original hand delivered to Iowa Dental Board.



Brown Winick
ATTORNEYS AT LAW®

Brown, Winick, Graves, Gross,
Baskerville and Schoenebaum, P.L.C.

666 Grand Avenue, Suite 2000
Ruan Center, Des Moines, IA 50309-2510

RECEIVED

DEC 02 2015

December 30, 2014

direct phone: 515-242-2452
direct fax: 515-323-8552
email: brommel@brownwinick.com

VIA EMAIL (Christel.Braness@iowa.gov) & U.S. MAIL

Iowa Dental Board
400 SW 8th Street, Suite D
Des Moines, Iowa 50309

**Re: Iowa Dental Association
Petition for Rulemaking – Public Health Supervision**

Dear Members of the Iowa Dental Board:

The letter serves to respond to comments that have been received in response to the Iowa Dental Association’s (“IDA’s”) Petition for Rulemaking that was filed on or about December 3, 2014. This letter also serves to further clarify the underlying basis for the IDA’s Petition for Rulemaking.

To our knowledge, you have received written comments from Johnson County Public Health, Visiting Nurse Services of Iowa and perhaps others. The theme of these comments is that removal of the “and federal, state or local public health programs” from Iowa Administrative Code section 650-10.5(1) would eliminate important existing programs wherein dental hygienists are currently providing services under public health supervision agreements.

To be clear, IDA’s proposed amendment to Section 10.5(1) is not intended to eliminate existing programs wherein dental hygienists are providing services under public health supervision agreements. IDA does not disagree with the importance of many of these programs. Rather, IDA simply wants to have such programs explicitly listed rather than having the catch-all category “and federal, state or local public health programs.” By having such programs explicitly listed, any changes or additions to the definition of “public health settings” would go through the necessary and appropriate rulemaking process, rather than having new settings created through Board policy statements or informal guidance letters.

For instance, the comments received express concerns that the changes proposed in IDA’s Petition for Rulemaking would eliminate WIC Clinics and a Maternal Health Program as “public health settings.” If WIC Clinics and Johnson County’s Maternal Health Program do not fit into one of the specific categories already listed under the “public health setting” definition, then such terminology should and could be added to the definition. IDA does not intend for its Petition to eliminate WIC Clinics or the Maternal Health Program as a “public health setting.” Furthermore, both the letter from Visiting Nurse Services of Iowa and Johnson County Public

Health express concern about the elimination of programs under I-Smile. I-Smile programs, however, would be expressly covered under “programs affiliated with the early childhood Iowa (ECI) initiative authorized by Iowa Code chapter 256I” and thus, would not be impacted by the changes proposed in IDA’s Petition for Rulemaking.

In short, IDA does not intend to eliminate existing programs that are providing dental services under public health supervision agreements such as those described in the comments provided to the Board. IDA simply wants Section 10.5(1) to be clear and specific as to the programs that do qualify as public health settings. Accordingly, if the definition of “public health settings” needs to be further amended to specifically identify existing programs that do not fit under one of the specifically enumerated descriptions, then that can be done during this pending rulemaking proceeding or later rulemaking processes. As the Visiting Nurse Services of Iowa’s letter recognizes, the rule at issue has been amended twice previously regarding the allowable settings. IDA simply wants to eliminate the catch-all category such that the addition of new public health settings in the future must be vetted through this same rulemaking processes that has been used previously and that is established by the Iowa Code and the Board’s own rules. Following these established rulemaking processes and eliminating the catch-all portion of Section 10.5(1) is the only way that the public has the opportunity to comment on such changes and provide the Board with public input necessary for these important decisions.

IDA is happy to further discuss its Petition for Rulemaking with the Board and to consider additional changes to Section 10.5(1) that would specifically delineate the existing public health supervision programs already established and in place. Thank you in advance for your attention to this important issue.

Very truly yours,

A handwritten signature in black ink, appearing to read "Rebecca A. Brommel". The signature is fluid and cursive, with a large loop at the end.

Rebecca A. Brommel

RAB:hs

cc: Larry Carl, Executive Director, Iowa Dental Association (via email)

December 31, 2014

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

RECEIVED

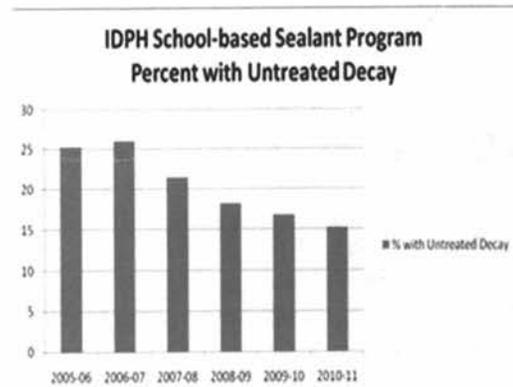
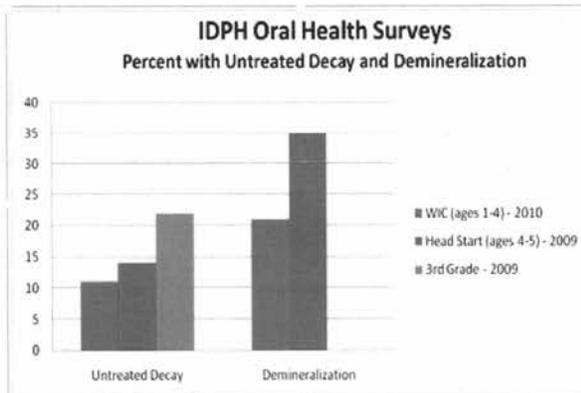
JAN 06 2015

IOWA DENTAL BOARD

Dear Board Members,

This letter is written in response to the petition submitted by the Iowa Dental Association to amend rule 650 IAC 10.5 (1) regarding the definition of "public health settings" by deleting the phrase: "and federal, state, or local public health programs." I do not support this change. Reasons for this position are provided below.

There is a substantial need for assessment of dental status and provision of preventive dental hygiene care in all types of public health settings in Iowa. Recent data from surveys conducted by the Iowa Department of Public Health (IDPH) indicate that a meaningful percent of young children have untreated decay (left graph below). Further, data as of 2011 regarding children in school-based sealant programs show that 15% have untreated decay. However, the data also show that children in these programs demonstrate 10% less untreated decay between the years 2005/06 and 2010/11 during which public health hygienists have been providing care in these programs (right graph below).



In terms of the need for preventive care nationwide, only 44.5% of persons aged 2 years and older had a dental visit in the past year and only 30.2% of children and adolescents aged 2 to 18 years at or below 200 percent of the Federal poverty level received a preventive dental service during the past year (Healthy People 2020). Reference to the poverty level gives visibility to the fact that care needs are not normally distributed throughout the US population. The vulnerable and underserved suffer disproportionately. One example of these disparities is seen in Iowa prisons. A study (*J Dent Hyg.* 2002 Spring;76(2):141-50) conducted in 1998 showed that a representative sample of newly admitted inmates at the Iowa Medical Classification Center, had 8.4 times the amount of untreated decay as dentate, noninstitutionalized U.S. adults. Disparities also exist by income, insurance status and other determinants of health.

Long lines of Iowans seeking dental care at "free care" weekends demonstrate the need for dental and dental hygiene services. However, this type of care does not connect these people with dental homes. The Iowa Dental Association needs to develop feasible, sustainable methods of delivering care to all in need.

Use of hygienists in public health settings to "assess" dental needs is a needed and viable use of this non-dentist member of the dental care team. A study (J Dent Hyg. 2006 Spring;80(2):9) conducted in Iowa in 2006 indicated that hygienists with minimal public health setting equipment correctly identified the presence of decay 96% of the time. Consider the benefit this could provide the 6759 Iowans between the ages of 0-20 who were referred for urgent care by dental hygienists in public health settings as of 2013.

Limiting public health settings to those which are specifically mentioned in the rule could result in loss of dental hygiene services in programs such as Women, Infants and Children (WIC) and dental clinics under the auspices of the Veteran's Administration and the Indian Health Service. Further other public health programs might be lost if the change disrupted current funding arrangements between local, state and federal agencies. A change in the wording may also limit Iowa's participation in future, new public health initiatives and programs.

Such limitations would put the Iowa Dental Board in jeopardy of being out of alignment with federal agencies which have recognized and supported increased use of non-dentist health care providers. As of 2003, the Federal Trade Commission (FTC) sued the South Carolina Board of Dentistry for its policy regarding use of dental hygienists in schools based on the fact that it unreasonably restrained competition and deprived thousands of economically disadvantaged schoolchildren of needed dental care. While public health settings in Iowa currently include schools, the same argument could be used for other unlisted settings which serve needy individuals. Further, in 2011 The Institute of Medicine (IOM) and the Centers for Medicare and Medicaid concluded that more efficient and expanded use of non-dentist professionals is needed to improve access to oral health care by vulnerable and underserved populations. One of the recommendations made by the IOM was to change practice acts which limit such use.

Change in the wording of the definition of public health settings is based on the fear that without these changes dental hygiene care will be "unsafe." The records do not justify this fear. Since 2003, when public health supervision was enacted, none of the hygienists working with this type of supervision have been found to be providing care which jeopardizes "public safety." No complaints by individuals receiving hygiene care or health care providers have been made. Therefore, this petition is being submitted without justification.

As the former the Director of Dental Hygiene Education for the American Dental Association's Council of Dental Education/Commission on Dental Accreditation from 1974-78 and a faculty member in the University of Iowa's Dental Hygiene Programs 1980-95, the writer would like to remind Board members that even though public health supervision is broader than other forms of supervision for dental hygienists, the quality of care provided by these hygienists has many safeguards in place: graduation from an accredited educational program; acquisition and on-going maintenance of a license to practice, having an agreement with a supervising dentist in which the dentist specifies WHAT services are provided as well as HOW and WHERE they are provided, communication with the supervising dentist such that the supervising dentist is required to be available for communication and consultation.

As the data and information presented in this letter show, public health dental hygiene services are successfully helping address unmet dental needs in Iowa. Please do not limit these services or prevent future dental health needs from being addressed by public health dental hygienists.

Respectfully,

A handwritten signature in cursive script that reads "Nancy Thompson".

Nancy Nielsen Thompson, RDH, PhD
827 Brown Street
Iowa City, IA 52245

BRIANA LESLIE BOSWELL

801 43rd St, Rock Island, IL 61201 ☎ Home (309) 786-1272 ☎ Cell (309) 948-1941

BrianaLeslieBoswell@gmail.com

Iowa Dental Board
400 SW 8th St. Ste. D
Des Moines, IA 50309

January 7, 2015

RE: IDA Petition for Rulemaking

Dear Honorable Iowa Dental Board Members,

I have been following the petition for rulemaking in regards to public health supervision that was submitted to the Iowa Dental Board by the Iowa Dental Association (IDA) in December 2014 as well as the IDA comments submitted for clarification. I am concerned that the petition would threaten advances in access to dental care and preventive services for Iowans.

I am grateful for the Iowa Dental Board's legacy of sound judgment and innovative thinking regarding the practice of dental hygienists. I have been a practicing dental hygienist in Iowa since 1999, and practiced under public health supervision since 2007. During this time, I have observed and been a part of the development of an incredible dental public health safety net, thanks to public health supervision. The I-Smile™ program and its partners have been enormously successful at improving the oral health of children. The public health dental hygienist has been central to the success of I-Smile™.

This leads me to question why the petitioners propose to limit public health supervision when it works so well. I understand that the petition was raised over concerns about dental hygienists working in correctional health settings. However, I believe the public health model that worked for I-Smile™ can work for other populations as well. I am supportive of public health dental hygiene services in correctional settings. Having conducted an oral health needs assessment of a jail facility in Iowa, I am aware that significant oral health needs exist among inmate populations. If the Board accepts the petition, it seems there would be much to lose, but little to gain.

For these reasons, I urge the Iowa Dental Board to reject the petition set forth by the IDA.

Thank you for your consideration.

Sincerely,



Briana L. Boswell, MPH, RDH
Public Health Dental Hygienist/ Community Health Consultant
Scott County, Iowa

Braness, Christel [IDB]

From: sarah borsdorf <smborsdorf@gmail.com>
Sent: Tuesday, January 06, 2015 9:08 PM
To: Iowa Dental Board [IDB]
Subject: Further Comments to the Board

Hello, please pass these comments on to the Board in response to the IDA clarification of intentions for their petition.

Dear Dental Board,

Thank you for considering all comments in attending to the Iowa Dental Associations' petition for rulemaking requesting that public health supervision rules, Iowa Administrative Code 650-10.5, be amended.

After reviewing the information Ms. Braness has disseminated, including the needed clarification from the Iowa Dental Board on their intentions with the petition, I have two points to make:

1. I foresee a long and drawn out process each time a 'new' public health setting should be considered by the Board and commented on by interested parties decreasing efficiency and delaying care for often underserved populations.
2. Why does it matter *where* a dental hygienist serves the public? A public health supervision agreement must be signed and maintained in **collaborative** order between a dental hygienist *and their supervising dentist* when working outside of the traditional dental practice.

Let's save time and effort for everyone by simply agreeing to have locations, and **more importantly, services provided** with an emphasis on how, when, and under what circumstances services may be provided through the established collaborative public health supervision agreement.

Thank you,

Sarah Borsdorf, RDH, BS

Braness, Christel [IDB]

From: Borsdorf, Sarah <Sarah.Borsdorf@scottcountyiowa.com>
Sent: Tuesday, January 06, 2015 3:14 PM
To: Iowa Dental Board [IDB]
Subject: Comments to the Dental Board
Attachments: Second Round of Comments to the IDB_1.6.15.pdf

Hello,

Please see the attached document in regards to second round of comments to the Iowa Dental Board concerning the petition from the Iowa Dental Association.

Thanks!

Sarah Borsdorf, RDH, BS, PHDHP

Sarah Borsdorf, RDH, BS, PHDHP | Community Dental Consultant | Scott County Health Department | 600 W 4th St, Davenport, IA 52801 | Phone 563-326-8618 x8645 | Fax 563-326-8774 | scottcountyiowa.com



SCOTT COUNTY HEALTH DEPARTMENT
Administrative Center
600 W. 4th Street
Davenport, Iowa 52801-1030
Office: (563) 326-8618 Fax: (563)326-8774
www.scottcountyiowa.com/health



Public Health
Prevent. Promote. Protect.

January 6, 2015

Dear Iowa Dental Board:

Scott County Health Department has read and reviewed the Iowa Dental Association's clarification of intentions for their petition to eliminate "federal, state, or local public health programs" from the list of allowable locations in which dental hygienists may provide services under public health supervision.

Scott County Health Department stands by our initial comments to not accept the petition as written. If the concern is with correctional facilities as an approved location, perhaps the Iowa Dental Board would consider revisiting comments specific to correctional facilities rather than eliminating the, "federal, state or local public health programs," phrase within the Iowa Administrative Code section 650-10.5(1).

Thank you again for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Edward Rivers".

Edward Rivers, MPH

Director

Scott County Health Department

Shame, shame, shame on the Iowa Dental Association for attempting to stifle Iowa dental hygienists from providing much-needed oral health care services to the underserved residents of our state.

The Iowa Dental Board has received a petition from the IDA to amend its rules concerning settings in which hygienists may provide services under public health supervision agreements. Currently, dental hygienists practicing under such agreements (in conjunction with a supervising dentist) may provide screenings, cleanings, sealants, fluoride applications, counseling, education and referrals in public health settings consisting of schools, Head Start programs, early childhood programs, childcare centers, federally qualified health centers, dental vans, free clinics, non-profit community centers, nursing facilities and federal, state or local public health programs. The proposed amendment would remove federal, state or local public health programs from the list of allowable settings.

The IDA is simply upset that the Board included Iowa correctional facilities in these allowable settings at its recent meeting, without opportunity of public comment. In effect, the IDA is "punishing" the Board for its action.

What the IDA is not considering is what effect such a rule change would have on the dental hygienists who provide these critical services, and most notably, the most marginalized citizens of our state who have no other access to oral healthcare services.

The petition was written under the thinly-veiled guise of "protecting" Iowans; but its real intent is merely to maintain a sense of power over others in the dental industry. Members of the IDA would do well to remember the original intent of public health supervision agreements when they were approved in 2003: to INCREASE dental care access to Iowa's most vulnerable populations, NOT restrict it!

Sincerely,

VaLinda Parsons

530 River Oak Drive

Ames, IA 50010

515-441-9103

RECEIVED

JAN 02 2015

IOWA DENTAL BOARD

December 30, 2014

Iowa Dental Board
400 SW 8th Street, Suite D
Des Moines, Iowa 50309

Members of the Iowa Dental Board,

As a member of the Iowa Collaborative Safety Network Provider Network access to oral health services is often raised during our discussions and the Safety Net Advisory Group has identified this is a significant concern for the safety net population. Our organization is also concerned about oral health access issues in Iowa.

Currently many children and pregnant women are able to access preventive dental services from dental hygienists working under public health supervision. This type of supervision allows dental hygienists to see patients who access various public health program such as WIC without a dentist first seeing them.

Restricting access to preventive oral health services provided by dental hygienists working under public health supervision will reduce the progress that has currently been made in reducing the oral health disease burden in Iowa.

Free Clinics of Iowa DBA Margaret Cramer Free Medical Clinic does not support changes to Administrative Code 650—10.5, Public Health Supervision rules defining public health setting for dental hygienists.

Sincerely,

Clinic Manager

Sharon R. Stover RN



Free Clinic Of Iowa

DBA Margaret Cramer Free Medical Clinic

2725 Merle Hay Road

Des Moines

Iowa Dental Board
400 SW 8th Street, Suite D
Des Moines, Iowa

December 22, 2014

Dear Sirs and Madams:

It is our understanding that the Iowa Dental Board has been petitioned by the Iowa Dental Association to make changes in the section of the Iowa Administrative Code related to the public health supervision of dental hygienists.

The Cedar Valley Oral Health Coalition is adamantly opposed to the proposed changes to 650 IAC section 10.5 (1), which would eliminate the provision which allows dental hygienists to provide services for "federal, state and local public health programs." The Cedar Valley Oral Health Coalition (CVOHC) represents area agencies and programs that provide services for Iowa communities comprised of many low-income families. Because these families are often underserved and underinsured, their access to dental services is limited. Public health programs that utilize dental hygienists are critical to the oral health of these men, women and children.

We request that no changes be made to 650 IAC section 10.5 (1).

Sincerely,

Cedar Valley Oral Health Coalition

Dr. David C. Reff, DDS

Dr. Baljit Singh, D.M.D, Dental Director Peoples Community Health Center

Nancy Anderson, RN, WIC Director

Arlene Prather – Okane, RNC, MA, Program Manager Black Hawk County Health

Sarah A. Turner, RDH, MAE

Joan Gilpin, RDH, MA

Amy Goetsch, RDH, Black Hawk County Public Health Dental Hygienist

Kim Howard, RDH, I – Smile Coordinator, Black Hawk County Health Department

Kallie McCartney, Community Prevention Educator

Tamie Brimeyer, Peoples Clinic Dental Supervisor

Crystal Schmitz, Schools, Outreach and Clinics Health Educator Black Hawk County

Micah Knebel, Black Hawk County Health Department

RECEIVED

DEC 02 2015

IOWA DENTAL BOARD

Improving the oral health of the community through education, prevention, advocacy, and access to dental care. •
[Type the sender phone number]

CEDAR VALLEY ORAL HEALTH COALITION

To Whom It May Concern,

RECEIVED

DEC 30 2014

IOWA DENTAL BOARD

I am a Registered Dental Hygienist working in both general practice and public health. I currently have a public health supervision agreement with the state of Iowa. It has been brought to my attention that a change is being proposed to the law that I work under. The rule in question, 10.5(1), allows me to work at the WIC (Women Infant and Children) office in Clinton, Iowa. If this rule is amended, I feel it would greatly impact the care I am able to give to the underprivileged in Iowa.

I believe the goal of the I-Smile program is for every child in Iowa to have a dental home. We have been able to make much progress toward this goal in recent years. Hygienists working alongside the Registered Dietitians at the WIC offices are a big part of this accomplishment. While working at the WIC office I am able to have direct contact not only with the child but also the parent. The services I am able to offer through hands-on education are invaluable. Over and over again I hear parents say, "I didn't know that," or "Nobody has ever told me that before." In a world where education is at our fingertips that still amazes me, but many of the clients we service cannot afford Internet access for their homes. I actually feel that our public health population is better educated about oral hygiene and nutrition than our general population due to this very early intervention. We simply are not spending the time in our private practices with this type of education. I have been convicted about this since I have come on board with my public health work. I now try to include the same type of education when working with our young patients in private practice.

In conclusion, I feel amending this rule would be a great disservice to the people of Iowa and most specifically the children!

Sincerely,



Elizabeth VanZuiden

Braness, Christel [IDB]

From: Stephen R. Thies <srthis@QwestOffice.Net>
Sent: Wednesday, December 31, 2014 5:42 PM
To: Braness, Christel [IDB]
Subject: RE: Petition for Rulemaking

Iowa Dental Board,

Regarding the Petition for Rulemaking concerning the expansion of the definition of public health setting to include correctional facilities, the Iowa Academy of General Dentistry feels strongly that correctional facilities should not be included as a public health setting for purposes of public health supervision of a dental hygienist by a dentist. This is an unintended expansion of the original rule. If the dental board desires to include correctional facilities as a public health setting for dental hygiene treatment in a collaborative agreement with an off-site dentist, then an opportunity for public comment should occur.

Provision of dental hygiene treatment for adults in a correctional facility may be an involved complex activity. Adults in general may have a range of periodontal disease types beginning with gingivitis to advanced periodontitis. The prison population is much more likely than the general population to have minimal dental care and poor OHI. There may be moderate to advanced periodontitis with a history of no dental treatment or episodic pain treatment. They may have loose teeth, heavy deposits, inflammation, pain, gingival/periodontal abscess, periapical radiolucencies, oral cancer, and decayed, broken teeth. There may be serious medical illnesses including diabetes, heart disease, alcoholism, drug abuse, and physical trauma. There may be joint replacement requiring prophylactic premedication.

All of these factors require a physical evaluation on-site by a dentist. The provision of dental treatment for a population with these complications can create or exacerbate existing problems. An on-site dental examination by a dentist to provide a treatment plan must be done before any treatment is provided by a dental hygienist.

We ask the dental board to not include correctional facilities in the definition of public health settings. We appreciate your consideration.

Thank you,

Dr. Stephen R. Thies
Legislative chair
Iowa Academy of General Dentistry

From: Braness, Christel [IDB] [mailto:Christel.Braness@iowa.gov]
Sent: Monday, December 08, 2014 7:58 AM
To: Iowa Dental Board [IDB]
Subject: Petition for Rulemaking
Importance: High

The Iowa Dental Board has received a petition for rulemaking to amend the public health supervision rules – Iowa Administrative Code 650—10.5. This item is being forwarded for review by interested parties. The Board will accept written comments on the proposal through the close of business on December 31, 2014.

Let me know if you have any questions.

Christel Braness, Program Planner

Iowa Dental Board

400 SW 8th St., Suite D

Des Moines, IA 50309

Phone: 515-242-6369; Fax: 515-281-7969; www.dentalboard.iowa.gov

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December 31, 2014

Dr. Steven Bradley, Chair
Iowa Dental Board
400 S. W. 8th Street, Suite D
Des Moines, IA 50309

Via e-mail: christel.braness@iowa.gov

RE: Petition for rulemaking submitted by the Iowa Dental Association

Dear Dr. Bradley:

I am writing in **opposition** to the petition submitted by the Iowa Dental Association. The request is for the wording "and federal, state, or local public health programs" be removed from the rule 10.5(1) – *Public Health Settings defined*.

This change would seriously affect the very successful public health programs employing public health dental hygienists who perform screenings, and apply fluoride and sealants. Federal programs such as the WIC clinics and public health clinics held in local public health agencies are federal, state and local public health programs and would have to be eliminated from the site list. This would seriously compromise these programs.

To my knowledge, there have been no complaints or consequences as a result of the treatment provided by the public health hygienists in these programs. What I do know are the statistics of the number of screenings (over 78,000), fluoride applications (over 50,000), and sealants (over 33,000) done in these public health programs. This doesn't include the education provided to countless families and the number of costly hospital emergency room visits prevented by offering these services. The screenings alone have prompted over 39,000 referrals to dentists in Iowa.

All the procedures performed by the dental hygienists have been authorized by the supervising dentist and these procedures are not life-threatening and **do not compromise the safety of the patients**.

Thank you for allowing me to provide comments.

Sincerely,

Nancy Miller, RDH, BS

Braness, Christel [IDB]

From: Nadine DeVoss <nadine.devossrdh@gmail.com>
Sent: Wednesday, December 31, 2014 8:03 AM
To: Braness, Christel [IDB]
Subject: IDHA comments on IDA petition
Attachments: Comment Letter responding to IDA petition for rulemaking revised(1).docx

Attached is the IDHA response to the proposed IDA petition.

--

Nadine DeVoss, RDH, BS
President
Iowa Dental Hygienists' Association

December 22, 2014

Dr. Steve Bradley, Chair
Iowa Dental Board
400 S.W. 8th Street, Suite D
Des Moines, IA 50309

Via email: christel.braness@iowa.gov

RE: Comments re: Petition for Rulemaking Submission by the Iowa Dental Association

Dear Dr. Bradley;

Please find below comments from the Iowa Dental Hygienists Association (IDHA) regarding the petition for rulemaking submitted on December 3, 2014 by the Iowa Dental Association that would eliminate "federal, state, or local public health programs" from the list of approved public health settings in which a dental hygienist can provide services under public health supervision. IDHA opposes this petition, and urges the Dental Board to use its authority under 650 IAC Section 7.1 (6) to deny the petition.

IDHA opposes this petition because it will have a significant detrimental impact on access to high-quality oral health care, especially care which is facilitated by the State of Iowa's I-Smile program. Additionally, we believe that the petition should be denied because it fails to provide any evidence, nor has any evidence been ever provided to the Dental Board, that the provision of dental hygiene services at any of the current approved settings in any way compromises the public safety of Iowans; instead the opposite is true. Iowans are benefiting from increased access to high-quality oral health care thanks to the dental hygiene services provided at public health settings.

Finally, IDHA opposes this petition because we find it be wholly inconsistent with past statements of the Iowa Dental Association that (1) they support the I-Smile program, a program that would be significantly undermined if dental hygienists were not able to work at public health care program settings, and (2) they would like to see a comprehensive review of public health supervision occur before any changes are made in the program.

By proposing to eliminate public health programs as an allowed site under public health supervision, the Iowa Dental Association has indicated that it clearly does not understand the important role that these public health programs play in helping more Iowa children gain access to oral health care services provided BOTH by dental hygienists and dentists. According to 2013 I-Smile report, from 2005 to 2013, the number of children in Iowa who received oral health services from a dental professional at a Title V clinic increased by 20,000, but the number of children in Iowa who saw a dentist thanks to the care coordination work done by a dental hygienist increased by nearly 50,000. Additionally, the report noted that 48% of children in Iowa who are enrolled in Medicaid saw a dentist last year, up from 43% in 2010. The national average is 37%.

Policymakers and all major oral health advocacy groups in Iowa agree that the I-Smile program has played a central role in these very positive numbers. What's more, almost all of the I-Smile coordinators across Iowa who implement this program are housed in Title V federal public health programs, i.e. the type of programs that no longer could serve as a location for dental hygienists to provide services under the Iowa Dental Association's petition for rule-making.

IDHA also believes that IDA's petition incorrectly represents the action that was taken by the Iowa Dental Board at its October 17 meeting, an action that was later ratified at the Board's October 31st meeting. At the October 17th meeting, the Dental Board had on its agenda, listed under "VII. Other Business", the following item: "D. Request to Include Correctional Facilities in Public Health Supervision Locations." This request came from the Iowa Department of Corrections, which was seeking an interpretation by the Dental Board whether a state prison constituted a state public health program under 650 IAC Section 10.5(1). At both the October 17 and October 31 Dental Board meetings, the Board voted to inform the Department of Corrections that yes, in fact, a prison fit under that definition.

Both IDA's petition and its letter to the Board on October 24 makes a legally indefensible case that by merely responding to a question regarding the interpretation of its rules, the Board was engaged in rulemaking or expanding the scope of its current rules. Such a statement is inconsistent with Iowa Code Section 17A.2, which states, "The term (rule). . . does not include: *b.* A declaratory order issued pursuant to section 17A.9, or an **interpretation issued by an agency with respect to a specific set of facts and intended to apply only to that specific set of facts. (Emphasis added)**. Clearly the action that the Dental Board took on October 17, 2014 and October 31, 2014 falls into this category.

Because of the overwhelming evidence that the step proposed by the Iowa Dental Board in its December 3, 2014 petition would be a public policy disaster for the State of Iowa, IDHA would urge the Board to use the authority provided in its rules under 650 IAC Section 7.1 (6) to deny this petition. Thank you for your consideration of these comments.

Sincerely,

Nadine DeVoss, President
Iowa Dental Hygienists Association
20524 Greenview Rd.
Council Bluffs, IA 51503
nadine.devossrdh@gmail.com

Braness, Christel [IDB]

From: Julie MCMAHON <mcmahon_ia@mac.com>
Sent: Wednesday, December 31, 2014 4:58 PM
To: Iowa Dental Board [IDB]
Cc: McMahon Julie
Subject: Petition for rulemaking to amend the public health supervision rules – Iowa Administrative Code 650—10.5.

RE: Petition for rulemaking to amend the public health supervision rules – Iowa Administrative Code 650—10.5.

Dear Dental Board Members:

IOWA CareGivers was recently made aware of a petition filed by the Iowa Dental Association to amend 650 IAC 10.5(1). Specifically, that proposed amendment would remove the words “federal, state, or local public health programs” from the definition of “Public Health Settings” found in that section. According to Section 10.5(1), public health settings also include schools, Head Start programs, programs affiliated with Early Childhood Iowa initiative, child care centers, federally qualified health centers, public health dental vans, and nursing facilities. The instigating event leading to the proposed amendment was the Iowa Dental Board’s interpretation to include correctional facilities as a public health program. The Iowa Dental Association is concerned with the vagueness of the words “federal, state, or local public health programs” as well as the safety of dental patients at correctional facilities. However, if the amendment were adopted, the ability of local health departments, including maternal-child health agencies, to provide quality gap-filling oral health services to persons who would otherwise have little or no access to those services elsewhere would be severely limited. Therefore, the IOWA CareGivers joins our many partners in both the private and public sector in expressing our strong opposition to the amendment as proposed and encourages the Dental Board to continue to support the ability of dental hygienists to practice, under a public health supervision agreement, as currently interpreted.

Currently, registered dental hygienists must obtain a public health supervision agreement with a dentist when working in public health settings. This agreement allows the dental hygienist to perform services approved by the dentist without direct onsite supervision. The dentist only needs to be available for communication and consultation.

The public health services agreement specifies: a) the actual location(s) where the dental hygienist may provide services; b) how communication and consultation will be maintained; c) how patient dental records will be maintained; and d) age and procedure-specific standing orders as directed by the supervising dentist for dental assessment/screening, sealants, fluoride varnish, oral prophylaxis, radiographs, and education. The agreement is reviewed biennially. The dental hygienist must complete and submit a summary report to the Oral Health Center of the Iowa Department of Public Health once per calendar year.

There are 110 dental hygienists with public health supervision agreements in Iowa. Collectively, these hygienists provided nearly 40,000 dental referrals for regular care and nearly 7,000 referrals for urgent care for children age birth to 20 years in 2013. More recently, IOWA CareGivers has joined many other partners concerned about access to oral health care for older Iowans in the Lifelong Smiles Coalition. Much of the work that has been initiated to address the older Iowans' oral health needs would be impacted by this petition. This includes providing oral health education for direct care workers.

The public health programs provided by local public health agencies in Iowa are the only means of dental care for many residents in their communities. If local public health programs are eliminated from the definition of "Public Health Settings" many children and adults, including older Iowans, would have nowhere to turn for these important preventative services. Local public health departments provide vital, gap-filling services to those without access elsewhere. There is neither the capacity nor the resources to provide these services outside of these public health programs.

Local public health programs have enjoyed long-lasting effective relationships with dentists in Iowa to take preventive oral health programs to those with no access. IOWA CareGivers strongly encourages the Iowa Dental Board to preserve this history and reject the petition to redefine public health settings. We further encourage open dialogue with all interested parties to accurately define the specific concerns about the location of dental hygiene practice in Iowa under public health settings, and address those very specific concerns in a targeted fashion.

Thank you for your consideration in this matter.

Julie McMahon, Consultant with IOWA CareGivers

December 30, 2014

To: Iowa Dental Board

From: Kathy Moreno, RDH

RE: Petition for Rulemaking – Public Health Supervision Rules, Iowa Admin Code 650-10.5

This letter is to communicate my concerns regarding the proposed rule change in public health supervision locations. This proposed change would eliminate federal, state, and local public health programs as acceptable locations for public health supervision hygienists. This will greatly reduce access to dental screenings, preventative services, education, and referral services for our most vulnerable residents.

As an I-Smile™ hygienist for Woodbury County, I work under a public health supervision agreement. The I-Smile™ program is intended to help build and support a strong dental community infrastructure. Our program is meant to complement the existing dental provider community by providing basic preventative services, increasing dental health awareness, and guiding clients and their families through the dental health care system. Ultimately, the I-Smile™ program helps participating families to become competent, independent, and responsible dental health care consumers. The I-Smile™ Oral Health Program reaches out to families in the WIC, Maternal Health and Child Health Programs. Between 1200 and 1600 children ages birth through 5 have received oral health screenings and fluoride varnish applications annually from Siouxland District Health Department's Oral Health Program. Many of these clients would not receive any dental services and/or would not seek out regular periodic exams from a dental office without the guidance received from our program. Each client is referred to a dentist for regular periodic visits and on average 29% of all children seen have been referred for definitive diagnosis and possible treatment of suspected decay. If the proposed rule change is allowed to pass, all of these programs would become inaccessible to the I-Smile™ program, further increasing the gap between low-income Iowans and dental health services.

Limited access to dental care is a well-documented issue in Iowa. In the FFY 2013 EPSDT Dental Services Report it is shown that in Woodbury County a total of 16,020 residents age 0 to 20 years were eligible for Medicaid benefits. Only 8,580 or 54% of those eligible received any dental services. This includes services from a dental office or clinic, a Federally Qualified Health Center, a screening center or a physician's office. For the state of Iowa as a whole the numbers are even more discouraging, with only 52% of those eligible receiving any dental services in FFY 13. This shows that there are barriers to dental care for low-income Iowans. This is due to a shortage of providers, an insufficient number of providers who will accept new Title 19 patients and a lack of understanding of dental care needs in this population. Approving this petition will further limit the options for preventative services, education and referral services, having a negative impact on the dental wellbeing of Iowa's population.

ADMINISTRATION
(712) 279-6119
Fax (712) 255-2601

ENVIRONMENTAL
(712) 279-6119
Fax (712) 255-2604

LABORATORY
(712) 279-6119
Fax (712) 234-3920

NURSING
(712) 279-6119
Fax (712) 255-2605

NUTRITION/WIC
(712) 279-6636
Fax (712) 255-2677

SIouxLAND
DISTRICT HEALTH
DEPARTMENT

Public Health Supervision (PHS) dentists who supervise the care provided in public health settings are made aware of and approve yearly a detailed list of public health settings and dental services being provided under the agreement. When a dentist enters into a PHS agreement with a dental hygienist they are approving individual locations and services. These services take place in the county in which the dentist lives, where the dentist is aware of the needs and dental access to care disparities of the residents. The safety of the population served, as well as the needs being met and the benefits received by the targeted population are all things which a PHS dentist should consider before approving these locations and services.

In conclusion, it is my hope that the Iowa Dental Board will recognize the important role Public Health plays in reaching the families in our population with the most need. Together the private and public dental networks have the potential to make a great impact in the dental wellness of all Iowans. I encourage the Board to not approve the requested change that is outlined in the submitted petition.

Thank you for consideration in this matter,



Kathy Moreno, RDH
I-Smile™, Woodbury County Iowa

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SIOUXLAND
DISTRICT HEALTH
DEPARTMENT

December 30, 2014

To: Iowa Dental Board

From: April L. Padgett, RDH

RE: Petition for Rulemaking – Public Health Supervision Rules, Iowa Admin Code 650-10.5

This letter is to communicate my concerns regarding the proposed rule change in public health supervision locations. This proposed change would eliminate federal, state, and local public health programs as acceptable locations for public health supervision hygienists. This will greatly reduce access to dental screenings, preventative services, education, and referral services for our most vulnerable residents.

As the I-Smile™ coordinator for Woodbury County, both my direct care hygienist and I work under a public health supervision agreement. The I-Smile™ program is intended to help build and support a strong dental community infrastructure. Our program is meant to complement the existing dental provider community by providing basic preventative services, increasing dental health awareness, and guiding clients and their families through the dental health care system. Ultimately, the I-Smile™ program helps participating families to become competent, independent, and responsible dental health care consumers. The I-Smile™ Oral Health Program reaches out to families in the WIC, Maternal Health and Child Health Programs. Between 1200 and 1600 children ages birth through 5 have received oral health screenings and fluoride varnish applications annually from Siouxland District Health Department's Oral Health Program. Many of these clients would not receive any dental services and/or would not seek out regular periodic exams from a dental office without the guidance received from our program. Each client is referred to a dentist for regular periodic visits and on average 29% of all children seen have been referred for definitive diagnosis and possible treatment of suspected decay. If the proposed rule change is allowed to pass, all of these programs would become inaccessible to the I-Smile™ program, further increasing the gap between low-income Iowans and dental health services.

Limited access to dental care is a well-documented issue in Iowa. In the FFY 2013 EPSDT Dental Services Report it is shown that in Woodbury County a total of 16,020 residents age 0 to 20 years were eligible for Medicaid benefits. Only 8,580 or 54% of those eligible received any dental services. This includes services from a dental office or clinic, a Federally Qualified Health Center, a screening center or a physician's office. For the state of Iowa as a whole the numbers are even more discouraging, with only 52% of those eligible receiving any dental services in FFY 13. This shows that there are barriers to dental care for low-income Iowans. This is due to a shortage of providers, an insufficient number of providers who will accept new Title 19 patients and a lack of understanding of dental care needs in this population. Approving this petition will further limit the options for preventative services, education and referral services, having a negative impact on the dental wellbeing of Iowa's population.

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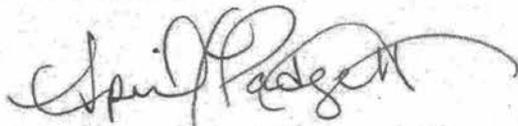
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SIouxLAND
DISTRICT HEALTH
DEPARTMENT

Public Health Supervision (PHS) dentists who supervise the care provided in public health settings are made aware of and approve yearly a detailed list of public health settings and dental services being provided under the agreement. When a dentist enters into a PHS agreement with a dental hygienist they are approving individual locations and services. These services take place in the county in which the dentist lives, where the dentist is aware of the needs and dental access to care disparities of the residents. The safety of the population served, as well as the needs being met and the benefits received by the targeted population are all things which a PHS dentist should consider before approving these locations and services.

In conclusion, it is my hope that the Iowa Dental Board will recognize the important role Public Health plays in reaching the families in our population with the most need. Together the private and public dental networks have the potential to make a great impact in the dental wellness of all Iowans. I encourage the Board to not approve the requested change that is outlined in the submitted petition.

Thank you for consideration in this matter,



April L. Padgett, RDH
I-Smile™ Coordinator, Woodbury County Iowa

ADMINISTRATION
(712) 279-6119
Fax (712) 255-2601

ENVIRONMENTAL
(712) 279-6119
Fax (712) 255-2604

LABORATORY
(712) 279-6119
Fax (712) 234-3920

NURSING
(712) 279-6119
Fax (712) 255-2605

NUTRITION/WIC
(712) 279-6636
Fax (712) 255-2677

BUENA VISTA COUNTY BOARD OF HEALTH

1709 East Richland
P.O. Box 663
Storm Lake, Iowa 50588

Phone: 712-749-2548
Fax: 712-749-2549

December 31, 2014

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

RE: Petition for rulemaking to amend the public health supervision rules—Iowa Administrative Code 650—10.5

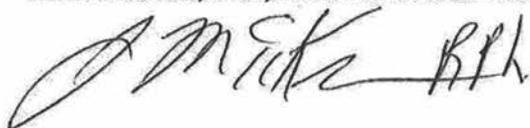
Dear Dental Board Members:

The Buena Vista County Board of Health (BOH) was recently made aware of a petition filed by the Iowa Dental Association to amend 650 IAC 10.5(1). Specifically the proposed amendment would remove the words “federal, state, or local public health programs” from the definition of “Public Health Settings” found in that section. According to Section 10.5(1), public health settings also include schools, Head Start programs, programs affiliated with Early Childhood Iowa initiative, child care centers, federally qualified health centers, public health dental vans and nursing facilities. If this amendment is adopted, the ability of local health departments to provide quality gap-filling oral health services to persons who would otherwise have little or no access to those services elsewhere would be severely limited.

Therefore, the Buena Vista County Board of Health expresses its strong opposition to the amendment as proposed and encourages the Dental Board to continue to support the ability of dental hygienists to practice, under a public health supervision agreement, as currently interpreted. Currently, registered dental hygienists must obtain a public health supervision agreement with a dentist when working in public health settings. This agreement allows the dental hygienist to perform services approved by the dentist without direct onsite supervision. The dentist only needs to be available for communication and consultation. The amendment as proposed would eliminate many well-established and effective public dental hygiene programs in the State resulting in tens of thousands of low-income Iowans losing access to preventative dental services. The Buena Vista County Board of Health strongly encourages the Iowa Dental Board to reject the petition to redefine public health settings and encourage open dialogue with interested parties to accurately define the specific concerns of the petitioner as well as the public health community.

Thank you for your consideration in this matter.

Communication approved by the Buena Vista County Board of Health, December 30, 2014
Jon McKenna, RPh, Board of Health Chair



December 31, 2014

Iowa Dental Board
400 SW 8th Street, Suite D
Des Moines, IA 50309

Re: Petition for rulemaking to amend the public health supervision rules – Iowa Administrative Code 650-10.5.

Dear Dental Board Members:

As a Marshall County Board of Health member I was recently made aware of a petition filed by the Iowa Dental Association to amend 650 IAC 10.5 (1). I am concerned that this amendment will limit access to oral health services. This is a significant concern for our population.

Currently many children and pregnant women are able to access preventive dental services from dental hygienists working under public health supervision. This type of supervision allows dental hygienists to see patients who access various public health programs such as WIC without a dentist first seeing them. Restricting access to preventive oral health services provided by dental hygienists working under public health supervision will reduce the progress that has currently been made in reducing the oral health disease burden in Iowa.

I do not support changes to Administrative Code 650—10.5, Public Health Supervision rules defining public health setting for dental hygienists.

Sincerely,

David Thomas, M.D.
Marshall County Board of Health

December 31, 2014

Iowa Dental Board
400 SW 8th Street, Suite D
Des Moines, IA 50309

Re: Petition for rulemaking to amend the public health supervision rules – Iowa Administrative Code 650-10.5.

Dear Dental Board Members:

As a Marshall County Board of Health member I was recently made aware of a petition filed by the Iowa Dental Association to amend 650 IAC 10.5 (1). I am concerned that this amendment will limit access to oral health services. This is a significant concern for our population.

Currently many children and pregnant women are able to access preventive dental services from dental hygienists working under public health supervision. This type of supervision allows dental hygienists to see patients who access various public health programs such as WIC without a dentist first seeing them. Restricting access to preventive oral health services provided by dental hygienists working under public health supervision will reduce the progress that has currently been made in reducing the oral health disease burden in Iowa.

I do not support changes to Administrative Code 650—10.5, Public Health Supervision rules defining public health setting for dental hygienists.

Sincerely,

Kenneth Lyons, M.D.
Marshall County Board of Health

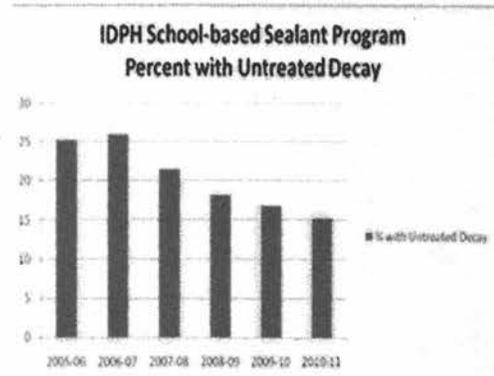
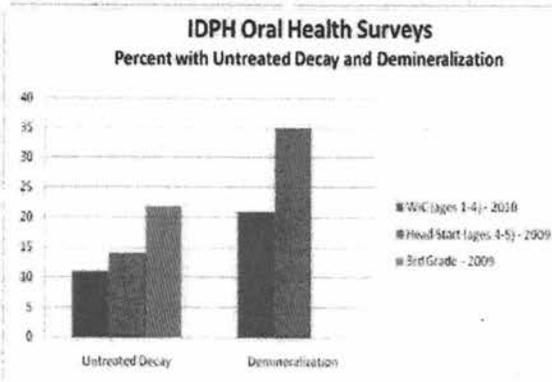
December 31, 2014

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

Dear Board Members,

This letter is written in response to the petition submitted by the Iowa Dental Association to amend rule 650 IAC 10.5 (1) regarding the definition of "public health settings" by deleting the phrase: "and federal, state, or local public health programs." I do not support this change. Reasons for this position are provided below.

There is a substantial need for assessment of dental status and provision of preventive dental hygiene care in all types of public health settings in Iowa. Recent data from surveys conducted by the Iowa Department of Public Health (IDPH) indicate that a meaningful percent of young children have untreated decay (left graph below). Further, data as of 2011 regarding children in school-based sealant programs show that 15% have untreated decay. However, the data also show that children in these programs demonstrate 10% less untreated decay between the years 2005/06 and 2010/11 during which public health hygienists have been providing care in these programs (right graph below).



In terms of the need for preventive care nationwide, only 44.5% of persons aged 2 years and older had a dental visit in the past year and only 30.2% of children and adolescents aged 2 to 18 years at or below 200 percent of the Federal poverty level received a preventive dental service during the past year (Healthy People 2020). Reference to the poverty level gives visibility to the fact that care needs are not normally distributed throughout the US population. The vulnerable and underserved suffer disproportionately. One example of these disparities is seen in Iowa prisons. A study (*J Dent Hyg.* 2002 Spring;76(2):141-50) conducted in 1998 showed that a representative sample of newly admitted inmates at the Iowa Medical Classification Center, had 8.4 times the amount of untreated decay as dentate, noninstitutionalized U.S. adults. Disparities also exist by income, insurance status and other determinants of health.

Long lines of Iowans seeking dental care at "free care" weekends demonstrate the need for dental and dental hygiene services. However, this type of care does not connect these people with dental homes. The Iowa Dental Association needs to develop feasible, sustainable methods of delivering care to all in need.

Use of hygienists in public health settings to "assess" dental needs is a needed and viable use of this non-dentist member of the dental care team. A study (J Dent Hyg. 2006 Spring;80(2):9) conducted in Iowa in 2006 indicated that hygienists with minimal public health setting equipment correctly identified the presence of decay 96% of the time. Consider the benefit this could provide the 6759 Iowans between the ages of 0-20 who were referred for urgent care by dental hygienists in public health settings as of 2013.

Limiting public health settings to those which are specifically mentioned in the rule could result in loss of dental hygiene services in programs such as Women, Infants and Children (WIC) and dental clinics under the auspices of the Veteran's Administration and the Indian Health Service. Further other public health programs might be lost if the change disrupted current funding arrangements between local, state and federal agencies. A change in the wording may also limit Iowa's participation in future, new public health initiatives and programs.

Such limitations would put the Iowa Dental Board in jeopardy of being out of alignment with federal agencies which have recognized and supported increased use of non-dentist health care providers. As of 2003, the Federal Trade Commission (FTC) sued the South Carolina Board of Dentistry for its policy regarding use of dental hygienists in schools based on the fact that it unreasonably restrained competition and deprived thousands of economically disadvantaged schoolchildren of needed dental care. While public health settings in Iowa currently include schools, the same argument could be used for other unlisted settings which serve needy individuals. Further, in 2011 The Institute of Medicine (IOM) and the Centers for Medicare and Medicaid concluded that more efficient and expanded use of non-dentist professionals is needed to improve access to oral health care by vulnerable and underserved populations. One of the recommendations made by the IOM was to change practice acts which limit such use.

Change in the wording of the definition of public health settings is based on the fear that without these changes dental hygiene care will be "unsafe." The records do not justify this fear. Since 2003, when public health supervision was enacted, none of the hygienists working with this type of supervision have been found to be providing care which jeopardizes "public safety." No complaints by individuals receiving hygiene care or health care providers have been made. Therefore, this petition is being submitted without justification.

As the former the Director of Dental Hygiene Education for the American Dental Association's Council of Dental Education/Commission on Dental Accreditation from 1974-78 and a faculty member in the University of Iowa's Dental Hygiene Programs 1980-95, the writer would like to remind Board members that even though public health supervision is broader than other forms of supervision for dental hygienists, the quality of care provided by these hygienists has many safeguards in place: graduation from an accredited educational program; acquisition and on-going maintenance of a license to practice, having an agreement with a supervising dentist in which the dentist specifies WHAT services are provided as well as HOW and WHERE they are provided, communication with the supervising dentist such that the supervising dentist is required to be available for communication and consultation.

As the data and information presented in this letter show, public health dental hygiene services are successfully helping address unmet dental needs in Iowa. Please do not limit these services or prevent future dental health needs from being addressed by public health dental hygienists.

Respectfully,

A handwritten signature in cursive script that reads "Nancy Thompson".

Nancy Nielsen Thompson, RDH, PhD
827 Brown Street
Iowa City, IA 52245



December 31, 2014

Iowa Dental Board
400 SW 8th Street, Suite D
Des Moines, Iowa 50309

Members of the Iowa Dental Board,

The Iowa Primary Care Association is **not** in support of the petition for rule making in regards to the proposed amendment to 650 IAC 10.5(1) that relates to the definition of a public health setting.

The current flexibility in the language allows many children and pregnant women to be able to access preventive dental services from dental hygienists working under public health supervision. This type of supervision allows dental hygienists to see patients who access various public health programs, such as WIC, without a dentist first seeing them. These services improve access and reduce the disease burden in Iowa's communities. Removing "federal, state and local public health programs" from the allowable settings for public health supervision of dental hygienists will decrease the effectiveness of current programs, restrict flexibility, and may increase the number of patients accessing emergency rooms for dental issues.

Also, if this change were made, adding a new setting for public health supervision services would require the rule to be re-opened, comments received, and consideration/determination made by the Board, adding administrative burden to the Board and hurdles for the requesting organization to overcome. Creating a narrow "laundry list" of allowed settings limits flexibility for organizations that want to improve access to oral health preventive services.

As the member association for Iowa's Federally Qualified Health Centers, most of which provide oral health services to the safety net population, we value the public health supervision program and believe approval of this suggested amendment moves the state in the wrong direction by limiting access to oral health preventive services. We ask that the Iowa Dental Board deny this request.

Sincerely,

A handwritten signature in black ink, appearing to read "TJB", is written over a light gray background.

Theodore J. Boesen, Jr.
CEO

Braness, Christel [IDB]

From: Clemen, Laura A. <Laura.Clemen@unitypoint.org>
Sent: Wednesday, December 31, 2014 11:19 AM
To: Iowa Dental Board [IDB]
Subject: FW: PHS for RDH

From: Clemen, Laura A.
Sent: Wednesday, December 31, 2014 10:41 AM
To: IDB@iowa.gov
Subject: PHS for RDH

To IDA Board,

I am writing as a RDH with a PHS agreement, I implore you to reconsider your petition to amend the rules for hygienists in public health. If more specific rules are required to make the guidelines more understandable and accountable than I agree with this, but cutting out public health settings such as WIC and sealant programs would be taking a huge part of very needed dental services away from a population that has limited resources as it is.

Please take this into consideration when making your guidelines as we don't want to limit services by making petty rules that would affect a large group of Iowans who need it most!

Sincerely,
Laura Clemen RDHBS

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Braness, Christel [IDB]

From: Clemen, Laura A. <Laura.Clemen@unitypoint.org>
Sent: Wednesday, December 31, 2014 10:42 AM
To: Iowa Dental Board [IDB]
Subject: PHS for RDH

To IDA Board,

I am writing as a RDH with a PHS agreement, I implore you to reconsider your petition to amend the rules for hygienists in public health. If more specific rules are required to make the guidelines more understandable and accountable than I agree with this, but cutting out public health settings such as WIC and sealant programs would be taking a huge part of very needed dental services away from a population that has limited resources as it is.

Please take this into consideration when making your guidelines as we don't want to limit services by making petty rules that would affect a large group of Iowans who need it most!

Sincerely,
Laura Clemen RDHBS

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SIouxLAND
DISTRICT HEALTH
DEPARTMENT

December 30, 2014

To: Iowa Dental Board

From: Sharon Schroeder, RD, LD, Nutrition/WIC Director, Siouxland District Health Department

Re: Petition for rulemaking to amend the rules for public health supervision of a dental hygienist by a dentist – Iowa Administrative Code 650-10.5

Dear Dental Board Members:

I would like to express my concern about the negative impact that this proposed rule change will have on the dental and medical health of the children of Woodbury County and the entire state of Iowa. The proposed change to eliminate the words “and federal, state, or local public health programs” from the definition of “Public Health Settings” within the Iowa Administrative Code 650 – 10.5 will prevent these oral health services in WIC programs. This will have an immediate and long lasting effect on the children served through our Woodbury County and all of the Iowa WIC program. As the director of one of the larger Iowa WIC programs, 88% of our children in FY 2014 who received an oral health screening (including education and fluoride varnish) did not have a dentist and were therefore referred on for care. This WIC program served an average of 41% of the county’s birth through 4 year old population according to Iowa Kids Count 2009 - 2012 data.

According to the National Children’s Oral Health Foundation, childhood tooth decay is the #1 chronic childhood illness. Left untreated, this leads to pain and infection causing problems with eating, speaking, and learning. In the US, more than 51 million school hours and 164 million work hours are lost each year due to childhood dental disease, leading to increased educational disparities and decreased parental work productivity. For every \$1 spent on oral health preventive measures, American taxpayers save as much as \$50 on restorative and emergency procedures for the under and uninsured. Eliminating “and federal, state, and local public health programs” from the definition of “Public Health Settings” would take away the ability to find children in need of care and to be referred on for that care. Many local dentists are receptive to these referrals from our 2 dental hygienists.

I encourage the Iowa Dental Board to not approve the proposed change in the wording for “Public Health Settings”. The existing wording has allowed public health programming such as the WIC program to utilize dental hygienists under Public Health Supervision to screen children, make referrals to dentists and thus improve the dental and medical health of our young children. Let us continue to provide preventive oral health services to those with no access.

Thank you for consideration in this matter.

Sharon Schroeder, RD, LD
Nutrition/WIC Director

Sharon Schroeder, RD, LD

ADMINISTRATION
(712) 279-6119
Fax (712) 255-2601

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(712) 279-6119
Fax (712) 255-2604

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NURSING
(712) 279-6119
Fax (712) 255-2605

NUTRITION/WIC
(712) 279-6636
Fax (712) 255-2677

December 29, 2014

Re: Petition_650-10-5

Dental Hygiene Public Health Supervision

Dear Iowa Dental Board,

I am writing in regards to the proposed supervision definition change, and would like to clarify why I am in opposition to the proposed change.

There has been a national/regional focus in the past years to increase access to care to the underserved in all areas of the United States. This progressive vision has resulted in proposed new alternative treatment methods, providers, and expanded insurance services. As the rest of the nation moves forward to increasing access, the Iowa Dental Associations proposal moves backwards, to reduce access.

As the petitioner has challenged the supervision wording as being "vague, catch-all language", the exclusion of the identified wording leaves the supervision agreement very limited and restrictive. As the Board has 2 members that represent the public, their input should represent the public concerns and stalling the progress of increased access while waiting for public comment is potentially damaging to the public welfare. As the Iowa Dental Association repeatedly refers to the safety of the care in the article, I feel this undermines the professional commitment of the dentist that signs the written agreement with the public health dental hygienist. By signing the agreement, they are responsible for defining the services to be provided in the specific setting. This also presents the impression that, although an experienced dental hygienist, they are perceived as not being competent to provide care in all settings. This undermines the licensure and supervision agreements set forth by the Iowa Dental Board.

The issue of safety is also an unfounded concern. There is evidence in various literature sources that supports the innovative use of dental hygienists resulting in improved patient satisfaction and quality outcomes. There is no documentation of harm caused by hygienists in public health settings. If an issue of performance does arise, the Iowa Dental Board is in place to address that, be it a dentist or dental hygienist.

As, "The Iowa Dental Board is a state agency charged with the overall responsibility for regulating the professions of dentistry, dental hygiene, and dental assisting in the state of Iowa", this proposal is interfering with the Iowa Dental Board decisions and reduces the availability of dental care, by increasing administrative burden.

In summary, I question the motivation for this proposal. I feel that moving in the direction that the Iowa Dental Association is suggesting will further complicate an already burdened system for managing the underserved. In addition to the barriers the underserved experience by living in poverty, they are also faced with very limited numbers of dental practices that accept their insurance, or are willing to see them in their offices. With few options available to receive dental care, they resort to more costly, inefficient methods of treatment. The Iowa Dental

Association should instead, direct their resources and attention to removing these barriers. The Federal Government recognizes these issues and is supportive of expanding access by using alternative methods. I find the proposals of the Iowa Dental Board to be very narrow in purpose and in conflict with the national agenda.

Thank you for your time and consideration,

Respectfully,

Tena M. Springer, DH, BS, MA

Braness, Christel [IDB]

From: A Kelley <akelleyrdh@gmail.com>
Sent: Tuesday, December 30, 2014 9:08 PM
To: Iowa Dental Board [IDB]
Subject: comments for the proposed changes to the PHS agreement

To the Dental Board,

I am disappointed to hear that IDA is petitioning to change the language of the Public Supervision Agreement, "public health settings"

I work in private practice in Council Bluffs that does accept Medicaid. We do see cross over patients every once in a while of patients that have had to access "public health settings" in order to have their children seen for preventative services. They either didn't have insurance, Medicaid, the time, a car, or any other resource available to them to be seen in the traditional office. They were very appreciative that this was available to them at the time.

The populations that the Public Health Supervision serves is a special dental need population and I don't think limiting preventative services is a forward step.

I would assume the supervising dentist and hygienist should be able to make the determining decisions in which public health settings they feel comfortable working in. Don't tie their hands and the valuable services they can provide.

Thanks for taking the time to consider all comments.

Angie Kelley, RDH, BS

Braness, Christel [IDB]

From: Peggy Stecklein <pstecklein@iowapca.org>
Sent: Tuesday, December 30, 2014 5:41 PM
To: Iowa Dental Board [IDB]
Subject: Comment on Proposed Amendment 650 IAC 15.5(1)
Attachments: IARHC Ltr Re Iowa Dental Board.pdf

Attached is a letter from the Iowa Association of Rural Health Clinics not in support of the petition for rule-making in regards to the proposed amendment to 650 IAC 15.5(1) that relates to the definition of a public health setting.

Peggy Stecklein, Program Manager
IOWA PRIMARY Care Association
9943 Hickman Road, Suite 103, Urbandale, IA 50322
515.333.5025
pstecklein@iowapca.org



Members of the Iowa Dental Board,

The Iowa Association of Rural Health Clinics do not support the petition for rule-making in regards to the proposed amendment to 650 IAC 15.5(1) that relates to the definition of a public health setting.

Currently many children and pregnant women are able to access preventive dental services from dental hygienists working under public health supervision. This type of supervision allows dental hygienists to see patients who access various public health programs, such as WIC, without a dentist first seeing them. These services improve access and reduce the disease burden in our rural communities throughout the state. Removing the language "federal, state and local public health programs" from the allowable settings for public health supervision of dental hygienists will decrease the effectiveness of current programs and may increase the number of patients accessing emergency rooms for dental issues.

Also, if this change were made, adding a new setting for public health supervision services would require the rule to be re-opened, comments received, and consideration/determination made by the Board, adding administrative burden to the Board and additional hurdles for the requesting organization to overcome. Creating a narrow "laundry list" of allowed settings limits flexibility for organizations that want to improve access to oral health preventive services.

As healthcare providers who serve many low income individuals who lack access to oral health care, our rural health clinics value the role of the public health supervision program, and believe approval of this suggested change in language moves the state in the wrong direction. Rather than limiting access, we want to see efforts made to increase access to oral health preventive services.

We ask that the Iowa Dental Board deny this request.

Sincerely,

Jodi Ricklefs
Board President

Braness, Christel [IDB]

From: sherry steinbach <sherrysteinbach@hotmail.com>
Sent: Tuesday, December 30, 2014 4:02 PM
To: Iowa Dental Board [IDB]
Subject: Public Supervision Agreements

Dear Iowa Dental Board,

I am a dental hygienist working with the I Smile program. I work with the WIC clinics in Chariton, Corydon and Albia. Since the beginning of 2014 I have seen around 500 clients. The youngest was a 2 day old girl. The mother wanted to learn how to clean her mouth. The mother had 4 older boys and they have had several restorations, she wanted to avoid this with her daughter. Patient education included daily cleaning of the mouth as well as the causes of cavities with high sugar in the diet, poor brushing habits and not seeing a dentist at least every 6 months. This is just one case of client care from I Smile. I am finding more parents that are taking their children to see a dentist. On the referral letter that each client receives after a screening it states that the oral screening does not take the place of a dental exam with a dentist.

I consider myself as an extension of a dental practice working outside a dental office, trying to stress the importance of a preventable disease of oral cavities.

I Smile is a very important public health program. I want to help as many people as I can and this is and can be accomplished through public health programs.

Please keep all federal, state and local health programs like I Smile available to the residents of our state.

Thank you for your time.

Respectfully,

Sherry Steinbach, RDH

I Smile Dental Hygienist with Marion County Public Health



Iowa Department of Public Health
Promoting and Protecting the Health of Iowans

Gerd W. Clabaugh, MPA
Director

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

December 30, 2014

Christel Braness
Program Planner
Iowa Dental Board
400 SW 8th St., Suite D
Des Moines, IA 50309 – 4687

RE: Petition for rulemaking to amend the public health supervision rules – Iowa Administrative Code 650—10.5.

Dear Ms. Braness:

The Iowa Department of Public Health objects to the Iowa Dental Association's petition to amend the public health supervision (PHS) rules. The department believes the proposal to eliminate "federal, state, and local public health programs" from public health supervisory sites is counterproductive to its mission to promote and protect the health of Iowans. This language change also strikes at the very heart and purpose for which the Iowa Dental Board (then Iowa Board of Dental Examiners) initially established the PHS rules in 2004.

While the department acknowledges the petitioner's concern about the interpretation of "federal, state or local public health programs" to include dental care provided in Iowa correctional facilities, striking the language would have a significant and deleterious impact on access to dental prevention care for underserved Iowans. A more judicious approach would be a rulemaking that provides notice and an opportunity for public comment about language that more specifically defines public health programs to replace this term in the rules. While many public health programs are not definable bricks-and-mortar places, they could be defined by various criteria that could be outlined in the Board's rules. For example, the rules could specify that services provided under contract with the Iowa Department of Public Health (IDPH) or the US Department of Health and Human Services (HHS), would benefit from the PHS provisions of the rules. This will also enable enforcement by compelling any service provider claiming this provision to produce documentation demonstrating this contractual relationship. Public health programs operate in a variety of community locations including churches, hospitals, medical clinics, other community buildings, and shopping malls. However, this approach would maintain critical services for vulnerable populations and could be expedited in a more reasonable period of time compared to debating whether to add individual specific settings on an ongoing basis.

On August 21, 2003, the Iowa Board of Dental Examiners (IBDE) approved an amendment to allow dental hygienists to perform prevention-based dental services in public health settings without onsite direct supervision by a dentist. The goal of the change was to extend the available dental workforce to increase dental prevention care access to underserved Iowans. Because the majority of dental hygienists working under PHS are employed or contracted through public health agencies, the Iowa Department of Public Health serves as the primary fiduciary agent for the majority of these activities. These activities are funded using a variety of financial and contractual methods and federal and state resources. Local public health agencies employ and deploy PHS dental hygienists in a variety of service sites covered by the term, "federal, state or local public health programs" including local WIC clinics (a federally funded public health program) serving children,

pregnant, breastfeeding and postpartum women; local Title V program clinics (a public health program funded with federal and state resources) serving children and pregnant women; and community dental outreach fairs sponsored by the local public health agencies. As a result, rule changes which specify a community provider could benefit from the PHS provisions when providing these services under either an IDPH or HHS contract makes sense.

The success and growth of PHS has had an enormous impact on many low-income lowans lacking regular access to dental care. In collaboration with the IBDE, the department completed a survey one year after the amended rule went into effect in January 2004. The results included over 29,000 services provided by 12 hygienists working under agreements with 10 dentists. Of these services, more than 11,000 oral screenings and 1,600 fluoride varnish applications were provided. A similar survey in 2013 reported 207,337 services provided by over 90 dental hygienists working under agreements with 74 dentists. These services included 78,522 oral screenings, 50,408 fluoride applications, and 33,905 dental sealants along with counseling and group educational sessions.

The IDPH continues to collaborate with the Iowa Dental Board in the collection of data and surveillance of PHS activities. Our linkages with local public health agencies employing PHS hygienists provide the department with access to critical surveillance and monitoring data.

The department agrees with petitioner's stated interest in ensuring that dental care is provided to patients as safely as possible. There is no evidence of unsafe practice or patient harm since the inception of the PHS program based on clinical preventive activities nor has the department received any phone calls or letters of concern about patient safety from those being served under PHS or from the supervising dentists.

In conclusion, we urge the Iowa Dental Board to carefully consider the ramifications of the petition to amend the public health supervision rules on access to preventive dental services for underserved lowans.

Sincerely,



Bob Russell, DDS, MPH
Public Health Dental Director
Chief, Bureau of Oral and Health Delivery Systems

Braness, Christel [IDB]

From: Gina Dowling <gina.dowling@hillcrest-fs.org>
Sent: Tuesday, December 30, 2014 12:25 PM
To: Braness, Christel [IDB]
Subject: Concern about Proposed changes to Public Health Supervision of Dental Hygienists in Federal Public Health Programs

Dear Iowa Dental Board members,

I supervise the WIC program in the Dubuque area, and feel great concern about the proposed changes. We have the great privilege to work with a dental hygienist through the VNA 4 days a week, serving our participants. It would absolutely be detrimental to our high risk population if the vital work she does were eliminated.

For many families either without insurance, having trouble understanding insurance, or working with/finding providers, dental services would not be sought out without the coordination of the dental hygienist.

They work extremely hard promoting overall wellness and prevention which is invaluable with the women and young children that we serve, but they also are in the position to identify acute problems that may otherwise fall through the cracks. They literally save lives. Just last week our dental hygienist connected a young woman with a provider. The woman had been trying to treat a severe abscess at home. Our dental hygienist then followed up and made sure that she got the care she needed. This is one of many, many examples of the lives that are touched by the work they do. Their work is not nice to have, it is *NEEDED*.

I firmly believe that these dental hygienists are in the thick of the population that needs them most. Please consider.

Gina Dowling RD,LD
WIC Coordinator, Hillcrest Family Services
220 West 7th Street
Dubuque, IA 52001
gina.dowling@hillcrest-fs.org
ph: 563.557.4444 ext 223
fax: 563.557.4447

Braness, Christel [IDB]

From: Christine Simms <christine.simms@hillcrest-fs.org>
Sent: Tuesday, December 30, 2014 9:23 AM
To: Braness, Christel [IDB]

Having an RDH in our WIC clinics makes a huge difference in the lives of our clients. Oral screening and prevention of future dental problems is very important but so is financial access to dental services. The RDH is also an excellent referral source for community services, not just dental. It would be detrimental to all of us, not just our high risk population, not to have these valuable services available.



Marion County Public Health Department

PO Box 152 • Knoxville, Iowa 50138
Phone: (641) 828-2238 • Fax: (641) 842-3442

December 30, 2014

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

RE: Petition for rulemaking to amend the public health supervision rules – Iowa Administrative Code 650—10.5.

Dear Dental Board Members:

The Marion County Board of Health (BOH) was recently made aware of a petition filed by the Iowa Dental Association to amend 650 IAC 10.5(1). Specifically, that proposed amendment would remove the words “federal, state, or local public health programs” from the definition of “Public Health Settings” found in that section. As a local public health department, and a Maternal and Child Health Center, and provider of I-Smile services, we ask you to consider the consequences of this petition.

According to Section 10.5(1), public health settings also include schools, Head Start programs, programs affiliated with Early Childhood Iowa initiative, child care centers, federally qualified health centers, public health dental vans, and nursing facilities. The instigating event leading to the proposed amendment was the Iowa Dental Board’s interpretation to include correctional facilities as a public health program. The Iowa Dental Association is concerned with the vagueness of the words “federal, state, or local public health programs” as well as the safety of dental patients at correctional facilities.

If the amendment were adopted, the ability of local health departments in Iowa to provide quality gap-filling oral health services to persons who would otherwise have little or no access to those services elsewhere would be severely limited.

Therefore, the Marion County Board of Health and Marion County Public Health Department expresses its strong opposition to the amendment as proposed and encourages the Dental Board to continue to support the ability of dental hygienists to practice, under a public health supervision agreement, as currently interpreted.



Public Health
Prevent. Promote. Protect.

Currently, registered dental hygienists must obtain a public health supervision agreement with a dentist when working in public health settings. This agreement allows the dental hygienist to perform services approved by the dentist without direct onsite supervision. The dentist only needs to be available for communication and consultation.

The public health services agreement specifies: a) the actual location(s) where the dental hygienist may provide services; b) how communication and consultation will be maintained; c) how patient dental records will be maintained; and d) age and procedure-specific standing orders as directed by the supervising dentist for dental assessment/screening, sealants, fluoride varnish, oral prophylaxis, radiographs, and education. The agreement is reviewed biennially. The dental hygienist must complete and submit a summary report to the Oral Health Center of the Iowa Department of Public Health once per calendar year.

There are 110 dental hygienists with public health supervision agreements in Iowa. Collectively, these hygienists provided nearly 40,000 dental referrals for regular care and nearly 7,000 referrals for urgent care for children age birth to 20 years in 2013. Marion County Public Health Department serves some of the lowest income, and highest need counties in Iowa in our I-Smile program. We serve Marion, Lucas, Monroe, Wayne, and Appanoose Counties. MCPHD provides two public health programs that utilize a dental hygienist. The I-Smile Program serves children to age 21 years and the Maternal Health Program serves pregnant and recently postpartum women. Services provided include dental screenings, fluoride varnish applications, oral hygiene instruction, and referrals to dentists.

How ironic and sad it would be if local public health programs are eliminated from the definition of "Public Health Settings". The public health programs provided by MCPHD are the only means of dental care for many residents in these counties. These children will have nowhere to turn for these important preventative services. Dental offices have historically not served the Medicaid population, leaving a significant gap in access. Local public health departments provide vital, gap-filling services to those without access elsewhere. There has not been the capacity, resources, not the desire expressed to routinely provide these services outside of these public health programs.

In its petition to amend the definition of public health setting, the petitioner claims that the language is too vague as to render it effectively meaningless. If one accepts that claim, the converse would also be true. In other words, by removing the words in the definition as proposed, the effect would be so broad as to eliminate many well-established and effective public dental hygiene programs in the State, resulting in tens of thousands of low-income Iowans losing access to preventative dental services.

Local public health programs have enjoyed long-lasting effective relationships with dentists in Iowa to take preventive oral health programs to those with no access. The Marion County Board of Health strongly encourages the Iowa Dental Board to

preserve this history and reject the petition to redefine public health settings. We further encourage open dialogue with all interested parties to accurately define the specific concerns about the location of dental hygiene practice in Iowa under public health settings, and address those very specific concerns in a targeted fashion.

Thank you for your consideration in this matter.

A handwritten signature in black ink, appearing to read "Kim Dorn". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Kim Dorn, Director
Marion County Public Health Department

December 30, 2014

Dr. Steve Bradley, Chair
Iowa Dental Board
400 S.W. 8th Street, Suite D
Des Moines, IA 50309

RE: Comments re: Petition for Rulemaking Submission by the Iowa Dental Association

Members of the Iowa Dental Board,

Please find below comments from the Child and Family Policy Center (CFPC) regarding the petition for rulemaking submitted on December 3, 2014 by the Iowa Dental Association that would eliminate "federal, state, or local public health programs" from the list of approved public health settings in which a dental hygienist can provide services under public health supervision. CFPC opposes this petition, and urges the Dental Board to use its authority under 650 IAC Section 7.1 (6) to deny the petition.

Currently, many children and pregnant women are able to access preventive dental services from dental hygienists working under public health supervision. This type of supervision allows dental hygienists to see patients who access various public health programs such as WIC without a dentist first seeing them. Restricting access to preventive oral health services provided by dental hygienists working under public health supervision will reduce the progress that has currently been made in reducing the oral health disease burden in Iowa.

This petition will have a significant detrimental impact on access to high-quality oral health care, especially care which is facilitated by the State of Iowa's I-Smile program. Additionally, we believe that the petition should be denied because it fails to provide any evidence, nor has any evidence been ever provided to the Dental Board, that the provision of dental hygiene services at any of the current approved settings in any way compromises the public safety of Iowans; instead the opposite is true. Iowans are benefiting from increased access to high-quality oral health care thanks to the dental hygiene services provided at public health settings. We find this petition to be wholly inconsistent with past statements of the Iowa Dental Association that (1) they support the I-Smile program, a program that would be significantly undermined if dental hygienists were not able to work at public health care program settings, and (2) they would like to see a comprehensive review of public health supervision occur before any changes are made in the program.

Public health programs play an important role in helping more Iowa children gain access to oral health care services provided BOTH by dental hygienists and dentists. According to 2013 I-Smile report¹, from 2005 to 2013, the number of children in Iowa who received oral health services from a dental professional at a Title V clinic increased by 20,000, but the number of children in Iowa who saw a dentist thanks to the care coordination work done by a dental hygienist increased by nearly 50,000. Additionally, the report noted that 48% of children in Iowa who are enrolled in Medicaid saw a dentist

¹ <http://www.idph.state.ia.us/IDPHChannelsService/file.ashx?file=B98DF4CC-2AD6-4090-9F7E-60FDE9410E70>

last year, up from 43% in 2010. The national average is 37%. Policymakers and all major oral health advocacy groups in Iowa agree that the I-Smile program has played a central role in these very positive numbers. What's more, almost all of the I-Smile coordinators across Iowa who implement this program are housed in Title V federal public health programs, i.e. the type of programs that no longer could serve as a location for dental hygienists to provide services under the Iowa Dental Association's petition for rule-making.

CFPC would urge the Board to use the authority provided in its rules under 650 IAC Section 7.1 (6) to deny this petition.

Thank you for your consideration of these comments.

Sincerely,

Mary Nelle Trefz
Health Policy Associate, Child and Family Policy Center
mnt@cfpciowa.org

Charles Bruner
Executive Director, Child and Family Policy Center
cbruner@cfpciowa.org

**Patricia J. Hildebrand
5815 Kingman Ave.
Des Moines, IA 50311**



December 30, 2014

Dental Examining Board:

I am writing to ask you to retain the words "and federal, state, or local public health programs in the current definition of public health settings in the Public Health Supervision rules. I believe removing this description will be detrimental to the oral health of children and mothers in Iowa, especially those in limited income families.

I have worked at the local level for the WIC program for 23 years and the State WIC program for almost 5 years until retiring on September 5, 2014. The changes taking place with Public Health Supervision of Registered Dental Hygienists in this a federal program during that time was truly amazing. We saw a decrease in early childhood caries, a greater attention to daily care of teeth including new mothers washing infant's gums, and also more regular visits to the dentist.

In 2013, WIC participants received 28,119 open mouth screenings, 21,874 fluoride applications, and 26,608 individual counseling sessions with a registered dental hygienist. In addition, many of the mothers and children are referred to a dentist. In fact, in 2013, 39,695 children ages 0-10 were referred to a dentist hygienist with a Supervision Agreement for regular care. Additionally, 6,759 children were referred for urgent care. At the same time, family members greater than or equal to age 21 were referred (1,306 for regular care and 411 for urgent care).

It is important to note that these programs provide services in many settings: churches, community centers, public health offices, community action buildings, renovated vacated hospital buildings, student housing centers, and other low or no rent facilities. It would be impossible to list every possibility.

This agreement as it currently stands without revision has not only improved oral health and oral health care for those in great need but given them a new appreciation for dental services.

Thank you for your time, I am willing to have you contact me any time for questions.

Sincerely,

Patricia J. Hildebrand MS, RD, LD



December 30, 2014

Iowa Dental Board
400 SW 8th Street, Suite D
Des Moines, Iowa 50309

RE: Petition for rulemaking to amend the public health supervision rules – Iowa Administrative Code 650-10.5.

Dear Dental Board Members:

The Dallas County Board of Health is writing to address the petition by the Iowa Dental Association to amend 650 IAC 10.5 (l). The language currently used to define “public health settings” within that section includes the words “federal, state, or local public health programs.” Removing this language from the Code would severely limit the ability for local health departments to provide gap-filling oral health services to persons who would otherwise have little or no access to these important health services.

The Dallas County Board of Health expresses strong opposition to the amendment as proposed, and asks the Dental Board to protect the definition of “public health settings” and assure the provision of population dental services for Iowans. Further, we encourage the Dental Board to continue to support the ability of dental hygienists to practice under a public health supervision agreement, as currently interpreted.

The public health supervision agreement obtained by a dental hygienist with a dentist, enables them to perform services approved by the dentist without direct supervision. The dentist remains available for communication and consultation. In 2013, this resulted in 207,135 services to be provided. It also enabled 41,001 patients to receive regular oral health care and 7,170 patients to receive urgent oral health care.

Thank you for your time and consideration and your support in maintaining gap-filling dental services for Iowans.

Approved by the Dallas County Board of Health, December 30, 2014
Roger Zobel, Chair

Address inquiries to:
Shelley L. Horak, MPH, CHES, CPM, Executive Director
Dallas County Public Health Nursing Service
902 Court Street
Adel, Iowa 50003



COLLEGE OF DENTISTRY

Department of Pediatric Dentistry

201 Dental Science S
Iowa City, Iowa 52242-1001
319-335-7479
Fax 319-353-5508

December 30th, 2014

Iowa Dental Board
400 SW 8th Street, Suite D
Des Moines, IA 50309

Dear IDB Members,

I am respectfully writing this letter to ask you to reconsider the proposed word change to the Iowa Administrative Code 650-10.5. I am extremely concerned of the detrimental effect that such change will have in several public health dental programs throughout the state of Iowa. Therefore, I urge the IDB to specifically add to the definition of "public health settings" all programs that utilizes dental hygienists such as the I-Smile Program that serves children to age 21 years and the Maternal Health Program that serves pregnant and recently postpartum women.

There are 110 dental hygienists with public health supervision agreements in Iowa who provide dental screenings, fluoride varnish applications, oral hygiene instruction, and referrals to dentists. Collectively, they provide thousands of dental referrals for regular and urgent care for children and adults on a yearly basis. Without these programs, several Iowa families would not be able to access preventive dental services due to problems associated with lack of dental insurance, not enough dentists accepting Medicaid patients, transportation issues, etc.

The University of Iowa Department of Pediatric Dentistry has worked very closely with the Johnson County Department of Public Health for decades. Our strong ties have produced several collaborations to increase access to dental care for vulnerable populations, including the University of Iowa Infant Oral Health Program housed at the Johnson County WIC clinic since 1998. Our department has witnessed the great commitment these programs have towards the promotion of oral health. I truly believe that the oral health of Iowa children and adults is at risk if public health dental programs are to cease.

Thank you for your consideration. Please do not hesitate to contact me in case of any questions and/or concerns.

Sincerely,



Karin Weber-Gasparoni, DDS, MS, PhD
Associate Professor and Chair
email: karin-weber@uiowa.edu

Braness, Christel [IDB]

From: Caplan, Daniel J <dan-caplan@uiowa.edu>
Sent: Tuesday, December 30, 2014 10:04 AM
To: Iowa Dental Board [IDB]
Cc: Caplan, Daniel J
Subject: Proposed amendment to Iowa Administrative Code 650-10.5

To: Members of the Iowa Dental Board
From: Dr. Dan Caplan
Re: Proposed amendment to Iowa Administrative Code 650-10.5
Date: December 30, 2014

I'm writing this comment as feedback to the proposed wording change to Iowa Administrative Code 650-10.5. That proposal seeks to modify the current wording regarding public health supervision of Iowa's dental hygienists by deleting the phrase "and federal, state, or local public health programs" at the end of the paragraph. As a practicing Iowa dentist, a member of the Iowa Dental Association (the petitioner), and a member of the American Association of Public Health Dentistry, I feel qualified to give my opinion on this issue.

Many Iowa residents, especially the indigent, have received preventive dental care under the current public health supervision wording. These services represent health care that these individuals likely would not have received in any other way, especially not in traditional private dental practice settings. I recommend that the proposed amendment not be adopted, for the following reasons:

- The petition states: "One of the Petitioner's top priorities is ensuring adequate access to high-quality dental care for all Iowans, regardless of their socioeconomic status. Access to dental care, however, should not be provided at the cost of compromised patient safety." I certainly agree with that statement.
The petitioner goes on to state: ". . . the Board took action to expand the scope of public health settings to include correctional facilities. This action . . . threatens to undermine the safety of patients." It is not clear to me how eliminating the phrase "and federal, state, or local public health programs" would allow for greater patient safety than does the current wording. Given the existing requirements of dental hygienists who provide preventive dental services under public health supervision (which include but are not limited to specification about the location of service; communication between relevant parties; maintenance of dental records; and designation of which dental procedures are to be performed), I don't see how elimination of that phrase affects patient safety in any way.
- The petition also states: "By striking this vague catch-all language, the effect of the amendment would be to require the Board to provide notice and an opportunity for public comment any time it proposes to expand the scope of public health supervision to include additional public health settings." To my mind, application of the existing wording to include correctional institutions is not an "expansion" of the scope of public health supervision at all; in fact, the petition's own wording "to include additional public health settings" implies that correctional facilities are indeed public health settings, and thus should be covered under the existing language.
- Finally, if the phrase "and federal, state, or local public health programs" represents "vague catch-all language", in my opinion the appropriate solution would be to further define that phrase, not to strike it in its entirety. Striking the phrase in its entirety is equivalent to throwing the baby out with the bath water and would be inconsistent with the intent of the current regulatory language.

To summarize: If the ultimate goal of the Iowa Dental Board's regulatory language is to provide the opportunity for oral health to be maximized among all Iowa residents regardless of their socioeconomic status, I see no compelling reason for the Board to adopt the proposed amendment. Thank you for your consideration.

Sincerely,

Daniel J. Caplan, DDS, PhD
Professor and Chair
Department of Preventive and Community Dentistry
College of Dentistry
University of Iowa



COLLEGE OF DENTISTRY

Department of Pediatric Dentistry

201 Dental Science S
Iowa City, Iowa 52242-1001
319-335-7479
Fax 319-353-5508

December 30th, 2014

Iowa Dental Board
400 SW 8th Street, Suite D
Des Moines, IA 50309

Dear IDB Members,

I am respectfully writing this letter to ask you to reconsider the proposed word change to the Iowa Administrative Code 650-10.5. I am extremely concerned of the detrimental effect that such change will have in several public health dental programs throughout the state of Iowa. Therefore, I urge the IDB to specifically add to the definition of "public health settings" all programs that utilizes dental hygienists such as the I-Smile Program that serves children to age 21 years and the Maternal Health Program that serves pregnant and recently postpartum women.

There are 110 dental hygienists with public health supervision agreements in Iowa who provide dental screenings, fluoride varnish applications, oral hygiene instruction, and referrals to dentists. Collectively, they provide thousands of dental referrals for regular and urgent care for children and adults on a yearly basis. Without these programs, several Iowa families would not be able to access preventive dental services due to problems associated with lack of dental insurance, not enough dentists accepting Medicaid patients, transportation issues, etc.

The University of Iowa Department of Pediatric Dentistry has worked very closely with the Johnson County Department of Public Health for decades. Our strong ties have produced several collaborations to increase access to dental care for vulnerable populations, including the University of Iowa Infant Oral Health Program housed at the Johnson County WIC clinic since 1998. Our department has witnessed the great commitment these programs have towards the promotion of oral health. I truly believe that the oral health of Iowa children and adults is at risk if public health dental programs are to cease.

Thank you for your consideration. Please do not hesitate to contact me in case of any questions and/or concerns.

Sincerely,

A handwritten signature in black ink that reads "Karin Weber-Gasparoni".

Karin Weber-Gasparoni, DDS, MS, PhD
Associate Professor and Chair
email: karin-weber@uiowa.edu

December 30, 2014

Dr. Steve Bradley, Chair
Iowa Dental Board
400 S.W. 8th Street, Suite D
Des Moines, IA 50309

Via email: IDB@iowa.gov

RE: Comments re: Petition for Rulemaking Submission by the Iowa Dental Association

Dear Dr. Bradley;

Please find below comments regarding the petition for rulemaking submitted on December 3, 2014 by the Iowa Dental Association that would eliminate "federal, state, or local public health programs" from the list of approved public health settings in which a dental hygienist can provide services under public health supervision. I opposes this petition, and urge the Dental Board to use its authority under 650 IAC Section 7.1 (6) to deny the petition.

I opposes this petition because it will have a significant detrimental impact on access to high-quality oral health care, especially care which is facilitated by the State of Iowa's I-Smile program. It fails to provide any evidence, nor has any evidence ever been provided to the Dental Board, that the provision of dental hygiene services at any of the current approved settings in any way compromises the public safety of Iowans; instead the opposite is true. Iowans are benefiting from increased access to high-quality oral health care thanks to the dental hygiene services provided at public health settings.

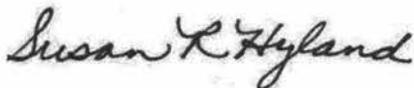
By proposing to eliminate public health programs as an allowed site under public health supervision, the Iowa Dental Association has indicated that it clearly does not understand the important role that these public health programs play in helping more Iowa children gain access to oral health care services provided BOTH by dental hygienists and dentists. According to 2013 I-Smile report, from 2005 to 2013, the number of children in Iowa who received oral health services from a dental professional at a Title V clinic increased by 20,000, but the number of children in Iowa who saw a dentist thanks to the care coordination work done by a dental hygienist increased by nearly 50,000. Additionally, the report noted that 48% of children in Iowa who are enrolled in Medicaid saw a dentist last year, up from 43% in 2010. The national average is 37%.

Policymakers and all major oral health advocacy groups in Iowa agree that the I-Smile program has played a central role in these very positive numbers. What's more, almost all of the I-Smile coordinators across Iowa who implement this program are housed in Title V federal public health programs, i.e. the type of programs that no longer could serve as a location for dental hygienists to provide services under the Iowa Dental Association's petition for rule-making.

I also believes that IDA's petition incorrectly represents the action that was taken by the Iowa Dental Board at its October 17 meeting, an action that was later ratified at the Board's October 31st meeting. **The Iowa Dental Board made an interpretation about correctional facilities as a public health setting; this is an appropriate function of the IDB so the petition should be denied.**

Thank you for your consideration of these comments.

Sincerely,



Susan Hyland
1010 Scenic View Blvd
Altoona, IA 50009

December 30, 2014

Iowa Dental Board
400 S.W. 8th Street, Suite D
Des Moines, IA 50309

Dear Iowa Dental Board,

I am writing in response to the Iowa Dental Association's petition regarding removing, "...federal, state, or local public health programs," from locations in which to provide dentist supervised dental hygiene services.

Accepting the petition as written will severely undermine the infrastructure built, future progress and most importantly the people served by dental hygienists working congruently with a dentist through a public health supervision agreement.

Specifically, the successful I-Smile™ program administered by the Iowa Department of Public Health, and the subsequent I-Smile™ Silver program, may be in jeopardy. As a public health dental hygienist, I strongly encourage the Board to not accept the Iowa Dental Association's petition. The services provided to low-resource individuals and families and the community at large through the I-Smile™ programs are hugely valuable in improving overall health and well-being. Because oral health is related to systemic health, early and preventative services provided by able and dentist-supervised hands positively impact our communities by increasing productivity and reducing healthcare costs.^{1,2}

Thank you for your consideration.

Respectfully,

Sarah Borsdorf, RDH, BS

¹<http://www.mchoralhealth.org/PDFs/learningfactsheet.pdf>

²http://www.cdc.gov/oralhealth/publications/factsheets/adult_oral_health/adults.htm

12/28/14

Iowa Dental Board

400SW 8th Street, Suite D

Des Moines, IA 50309-4687

Dear Members of Iowa Dental Board,

I am an I-Smile Coordinator representing Washington and Henry Counties with 15+ years Public Health and 18+ years clinical dental hygiene experience. It is with deep concern that I am writing to you in regards to Iowa Dental Association's petition to amend the public health supervision rules-Administrative Code 650-10.5.

Striking the words, "and federal, state, or local public health programs" from the definition of public health settings could have serious detrimental ramifications. Hygienists have worked under general supervision providing screenings, education, and referral in both public and private sectors since the 1980's. As research progressed and need increased, more services were added in Title V programs utilizing Exception to Policy in underserved areas. Public Health supervision was added to allow for a supervising dentist and hygienist to enter into agreements to provide dental hygiene services following written standing orders as stated in the agreement. Most of these hygienists are hired by public health agencies, and are already working with well-established federal, state, and local public health programs. The Inside I-Smile report that is distributed each year shows the important work and the positive results of dental hygienists working under this type of supervision.

If you move forward and strike these words from the definition of public health settings, many families will miss out on these important services and the early detection of what could be serious dental concerns. When I first started working in the federal Woman, Infant, and Child (WIC) program, there were very few families that had children seeing a dentist for routine dental care, and almost no low income pregnant women were being seen by regular dental providers. There was also low dental sealant prevalence on the third grade population, and many families that had limited or no access to regular dental care. State school-based dental sealant programs would be in jeopardy, as would local programs such as clinics that provide much needed gap filling services for these underserved populations. Programs and services are community-specific and based on regular community needs assessments.

It is up to the supervising dentist and hygienist to come up with standing orders that fit the situation. There are obviously different orders for different populations, and more detailed orders for medically- compromised populations and clients. Clarifying correctional facilities as an allowable setting under public health programs was a ruling that should probably have had more notice given to interested parties, but not due to lack of quality patient care or patient safety issues. Public health supervision has proven to be a very effective way of getting quality preventive services to underserved populations in the state of Iowa. Moving forward with this petition would not solve any alleged problem and would instead be a huge step backwards for access to dental care in Iowa for underserved populations.

If you have any questions, or would like to know more about public health programs in our community, I can be contacted at the email, or phone number listed below, and I would be happy to talk further with any of you.

Respectfully,

Sheila Temple, RDH I-Smile Coordinator Washington-Henry Counties

Email: classcutedo@hotmail.com cell phone: (319) 461-3661

Braness, Christel [IDB]

From: Cathy Venzke <cathyvenzke@gmail.com>
Sent: Monday, December 29, 2014 8:29 PM
To: Iowa Dental Board [IDB]
Subject: Public Health Supervision Petition

Hello,

My name is Cathy Venzke, I am a practicing dental hygienist in the Des Moines Area. I do not support the proposed changes to the current public health supervision wording. The proposed changes would reduce the type of settings in which dental hygienists are able to provide services. In the interest of public health we should be increasing the scope of when, where, and how dental care is provided. In the Des Moines area, there are few dentists willing to offer their services in the the settings which would be eliminated by the proposed change. Outside of Des Moines, there are fewer providers and an even greater need for "thinking outside the box" in order to reach under served populations. Dental hygienists are qualified and WILLING to provide services under a public health supervision agreement in any setting. I would ask the board to maintain broad and inclusive wording in order to allow for full utilization of dental hygienists.

Thank you for your service and consideration in this matter.

Sincerely,
Cathy Venzke, RDH

Iowa Dental Board
400 SW 8th St. Suite D
Des Moines, IA 50309
c/o Christel Braness, Program Planner

December 29, 2014

Christal Braness:

Thank you for the opportunity to comment on the proposed rule change petitioned by the Iowa Dental Association for amendment of 650 IAC 10.5(1) relating to the definition of "public health settings." As a public health dental hygienist, I **strongly oppose** this change. If this change passes, it would have a tremendously negative effect on the oral health of the population served at WIC clinics throughout Iowa.

I have been a public health dental hygienist for the last three years, providing dental services to WIC patients. I have provided dental screenings, applied fluoride varnish, given oral hygiene instruction and nutritional counseling and dental referrals to parents/care givers, pregnant women and every child age infant and up. Many of the families seen through WIC have limited dental knowledge and they don't understand the reasoning behind good oral health. This type of thinking will continue to their children and further, unless a public health dental hygienist steps in to educate. This happens daily through our services at WIC clinics. These families are very reliant on our services and dedication. They need us to not only to educate, but also to understand their situation and help when needed. Many families only have one vehicle, therefore making it difficult to go to dental appointments and even embarrassing when they need to cancel appointments with short notice. We are there for them when transportation is needed, phone calls need to be made, services need to be translated or explained, or even as a shoulder to hold their doubts and self-consciousness. Without dental hygienists at WIC, these people will no longer get the services and education, making dental health care cease for the whole family.

If the amendment is passed, Iowa's oral health and access to dental care will disappear which would be a significantly negative effect for all of Iowa's children. The Board should reject the petition and keep federal, state and local public health programs as an integral part of the defined public health setting.

Sincerely and With Respect,

Shannon McManus, RDH
Public Health Dental Hygienist

Braness, Christel [IDB]

From: Cindy Dewall <insurasmile@gmail.com>
Sent: Monday, December 29, 2014 4:48 PM
To: Iowa Dental Board [IDB]
Subject: Public Health Supervision
Attachments: Comment Letter responding to IDA petition for rulemaking revised(1).pdf

Dr. Steve Bradley, Chair
Iowa Dental Board,

Please accept this note to deny the Iowa Dental Association rulemaking petition to remove "federal, state, or local public health programs" from the list of approved public health settings that a dental hygienist can provide services under public health supervision.

Removing this will have a significant impact to services that are currently being provided for Iowans.

I support the Iowa Dental Hygiene Association letter sent in regards to this petition, included with attachment.

Thank you for your time,
Cindy DeWall
Professional Development Trustee
Iowa Dental Hygiene Association
1617 Colonial Drive
Manson, Iowa 50563
insurasmile@mchsi.com

December 22, 2014

Dr. Steve Bradley, Chair
Iowa Dental Board
400 S.W. 8th Street, Suite D
Des Moines, IA 50309

Via email: christel.braness@iowa.gov

RE: Comments re: Petition for Rulemaking Submission by the Iowa Dental Association

Dear Dr. Bradley;

Please find below comments from the Iowa Dental Hygienists Association (IDHA) regarding the petition for rulemaking submitted on December 3, 2014 by the Iowa Dental Association that would eliminate "federal, state, or local public health programs" from the list of approved public health settings in which a dental hygienist can provide services under public health supervision. IDHA opposes this petition, and urges the Dental Board to use its authority under 650 IAC Section 7.1 (6) to deny the petition.

IDHA opposes this petition because it will have a significant detrimental impact on access to high-quality oral health care, especially care which is facilitated by the State of Iowa's I-Smile program. Additionally, we believe that the petition should be denied because it fails to provide any evidence, nor has any evidence been ever provided to the Dental Board, that the provision of dental hygiene services at any of the current approved settings in any way compromises the public safety of Iowans; instead the opposite is true. Iowans are benefiting from increased access to high-quality oral health care thanks to the dental hygiene services provided at public health settings.

Finally, IDHA opposes this petition because we find it be wholly inconsistent with past statements of the Iowa Dental Association that (1) they support the I-Smile program, a program that would be significantly undermined if dental hygienists were not able to work at public health care program settings, and (2) they would like to see a comprehensive review of public health supervision occur before any changes are made in the program.

By proposing to eliminate public health programs as an allowed site under public health supervision, the Iowa Dental Association has indicated that it clearly does not understand the important role that these public health programs play in helping more Iowa children gain access to oral health care services provided BOTH by dental hygienists and dentists. According to 2013 I-Smile report, from 2005 to 2013, the number of children in Iowa who received oral health services from a dental professional at a Title V clinic increased by 20,000, but the number of children in Iowa who saw a dentist thanks to the care coordination work done by a dental hygienist increased by nearly 50,000. Additionally, the report noted that 48% of children in Iowa who are enrolled in Medicaid saw a dentist last year, up from 43% in 2010. The national average is 37%.

Policymakers and all major oral health advocacy groups in Iowa agree that the I-Smile program has played a central role in these very positive numbers. What's more, almost all of the I-Smile coordinators across Iowa who implement this program are housed in Title V federal public health programs, i.e. the type of programs that no longer could serve as a location for dental hygienists to provide services under the Iowa Dental Association's petition for rule-making.

IDHA also believes that IDA's petition incorrectly represents the action that was taken by the Iowa Dental Board at its October 17 meeting, an action that was later ratified at the Board's October 31st meeting. At the October 17th meeting, the Dental Board had on its agenda, listed under "VII. Other Business", the following item: "D. Request to Include Correctional Facilities in Public Health Supervision Locations." This request came from the Iowa Department of Corrections, which was seeking an interpretation by the Dental Board whether a state prison constituted a state public health program under 650 IAC Section 10.5(1). At both the October 17 and October 31 Dental Board meetings, the Board voted to inform the Department of Corrections that yes, in fact, a prison fit under that definition.

Both IDA's petition and its letter to the Board on October 24 makes a legally indefensible case that by merely responding to a question regarding the interpretation of its rules, the Board was engaged in rulemaking or expanding the scope of its current rules. Such a statement is inconsistent with Iowa Code Section 17A.2, which states, "The term (rule). . . does not include: *b.* A declaratory order issued pursuant to section 17A.9, or an **interpretation issued by an agency with respect to a specific set of facts and intended to apply only to that specific set of facts.** (Emphasis added). Clearly the action that the Dental Board took on October 17, 2014 and October 31, 2014 falls into this category.

Because of the overwhelming evidence that the step proposed by the Iowa Dental Board in its December 3, 2014 petition would be a public policy disaster for the State of Iowa, IDHA would urge the Board to use the authority provided in its rules under 650 IAC Section 7.1 (6) to deny this petition. Thank you for your consideration of these comments.

Sincerely,

Nadine DeVoss, President
Iowa Dental Hygienists Association
20524 Greenview Rd.
Council Bluffs, IA 51503
nadine.devossrdh@gmail.com

Braness, Christel [IDB]

From: Krista Vanden Brink <kvandenbrink@winneshiekhealth.org>
Sent: Monday, December 29, 2014 4:39 PM
To: Iowa Dental Board [IDB]
Subject: Opposition to the Dental Board changes to Administrative Code, Public Health Supervision rules

Members of the Iowa Dental Board,

As a member of the Iowa Collaborative Safety Network Provider Network, access to oral health services is frequently raised during our discussions and the Safety Net Advisory Group has identified this as a significant concern for the safety net population. Winneshiek County Public Health is also concerned about oral health access issues in Iowa. Winneshiek County residents with Medicaid already experience significant issues in accessing oral health care because of low reimbursement rates for Medicaid to dentists.

Currently many children and pregnant women are able to access preventive dental services from dental hygienists working under public health supervision. This type of supervision allows dental hygienists to see patients who access various public health programs, such as WIC (Women, Infants, and Children) without a dentist first seeing them. Due to the decreased accessibility to dentists for the Medicaid population, it is vital that dental hygienists are permitted to provide essential and very basic care to participants of WIC.

Restricting access to preventive oral health services provided by dental hygienists working under public health supervision will reduce the progress that has currently been made in reducing the oral health disease burden in Iowa. We know that good oral health can be the gateway to health. We also know that many times signs and symptoms of diseases are also exhibited in the oral cavity. Governor Branstad wants Iowa to be the healthiest state in the Union...we're already going backwards. Restricting access will cause Iowa to plummet in rankings and would certainly not be something to smile at.

Winneshiek County Public Health does not support changes to Administrative Code 650-10.5, Public Health Supervision rules defining public health setting for dental hygienists.

Sincerely,

Krista M. Vanden Brink, RN, BA
Administrator
Winneshiek County Public Health
305 Montgomery St; Ste #3
Decorah, IA 52101
563.382.4662
kvandenbrink@winneshiekhealth.org

"In the time we have, it is surely our duty to do all the good we can to all the people we can in all the ways we can."

~William Barclay, Scottish author

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Christel Braness, Program Planner

Iowa Dental Board

400 SW 8th St, Suite D

Des Moines, IA 50309

December 29, 2014

To Whom It May Concern:

Thank you for the opportunity to comment on the proposed rule change petitioned by the Iowa Dental Association for amendment of 650 IAC 10.5(1) relating to the definition of "public health settings." As a public health dental hygienist, I **strongly oppose** this change. If passed, this would have a tremendously negative effect on the oral health of the population served at WIC clinics throughout Iowa.

I have been providing dental services to WIC patients for more than six years. The services provided include dental screenings, fluoride varnish application, oral hygiene instruction, and nutritional counseling. Many of the families treated WIC clinics do not have a dental home and *every* child treated through WIC receives a dental referral to ensure that comprehensive dental care is received. Too often these families require additional help scheduling dental appointments and would benefit from extra reminders of dental appointments that have been scheduled. These families often need help obtaining transportation to dental or medical appointments, or even help with translation services. These are all vital services that public health dental hygienists at WIC provide through Dental Care Coordination. If this amendment passes, there will be no dental hygienists at WIC to provide these much needed services.

According to the Public Health Supervision reports, 28,119 dental screenings and 21,874 fluoride varnish applications were provided at WIC in 2013. If this amendment is passed, public health dental hygienists will no longer be providing services at WIC clinics, and a large portion of the population will cease to receive preventive dental services. Without public health dental hygienists at WIC, there will also be a substantial reduction to those receiving dental care coordination and dental referrals. Many of those families without dental homes will cease to receive dental care altogether.

If this amendment is passed, it will have a significantly negative effect on Iowans' oral health and their access to dental care. The Board should reject the petition and keep federal, state, and local public health programs as an integral part of the defined public health settings.

Sincerely,

Kati McNeme, RDH

Public Health Dental Hygienist

Braness, Christel [IDB]

From: Kathy Dooley <KDooley@cifp.org>
Sent: Monday, December 29, 2014 2:35 PM
To: Iowa Dental Board [IDB]
Subject: Dental programs

Dear Dental Board Members,

It is my sincere hope the wording will be amended to allow the continuation of dental hygiene services under local public health programs. As the health educator for Central Iowa Family Planning, I attend many WIC clinics in our area. I am always impressed by the number of women and children who receive the much needed care and education from the many compassionate and dedicated dental hygienists in these programs. Because of the connection between good oral health and a healthy pregnancy, we know there could be serious complications without the screening and education of pregnant women. The education of new parents on the oral care of their infants establishes connections to the dental community and the screening of children prevents more serious complications down the road and allows for interventions and referrals in the most critical cases.

Without these services in these settings, the dental health of many will be compromised. I respectfully ask you to reconsider the wording in this petition and to continue your support of these programs.

Sincerely,

Kathleen Dooley
Health Educator, Central Iowa Family Planning
704 May Street
Marshalltown, Iowa 50158

Braness, Christel [IDB]

From: Marilyn Corwin <corwin.marilyn@gmail.com>
Sent: Saturday, December 27, 2014 12:19 PM
To: Iowa Dental Board [IDB]
Subject: Administrative Code 650 10.5 (1)

My name is Marilyn Corwin, a licensed dental hygienist, 2 term IDB member and retired educator. I write in opposition to the proposed rule making to amend Administrative Code 10.5 (1) to limit access to dental hygiene services provided under public health supervision. The supervising dentist is providing oversight.

Thank you for your service to the citizens of Iowa and the opportunity to express my opinion.

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

December 22, 2014

RECEIVED

DEC 29 2014

IOWA DENTAL BOARD

Dear Dental Board Members,

I am writing in regard to The Iowa Dental Association petition to the Iowa Dental Board to remove "federal, state, or local public health programs" from the allowable settings for public health supervision of dental hygienists.

I work with the Women, Infants and Children (WIC) Program. We utilize Registered Nurses and Registered Dietitians to provide health/nutrition assessment, education and referrals for children 0-5 years and pregnant/postpartum women. Oral health strongly impacts overall health. WIC recognizes the importance of oral health and we routinely touch on that topic with our questionnaire but we do not have the expertise to adequately address oral health issues and needs.

We do have the Child Health Program funded through Title V co-located at our local WIC Clinic. Through that program we have dental hygienists on site. In that setting under the Public Health supervision agreement the registered dental hygienists are currently able to provide oral health screenings, education and fluoride varnish to children ages 0-5 years old on the WIC program and other Child Health Program eligible children 0-22 years old. The petition to remove federal, state or local public health programs from the allowable settings for public health supervision of dental hygienists would severely impact our county residents being able to access oral health services for their children.

Most of the dentists serving our five county service area start seeing children at 3-4 years of age. Very few of those dentists are willing to accept new children with Medicaid as their payment source. The vast majority of the children on WIC have Medicaid as their payment source for dental care. We do not have access to a Federally Qualified Health Center or any other community health center. The oral health education the dental hygienists provide at WIC clinics can prevent children developing baby bottle tooth decay. Just one child with baby bottle tooth decay can cost thousands of (TXIX tax payer funded) dollars in treatment.

I am strongly opposed to the petition to remove "federal, state, or local public health programs" from the allowable settings for public health supervision of dental hygienists as I believe it would have severe negative consequences on the health of our children and families and a huge increase in our TXIX expenditures.

Sincerely,



Elaine Sampson, RN, WIC CPA



CLAYTON COUNTY

Board of Health

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

December 12, 2014

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DEC 29 2014

IOWA DENTAL BOARD

Dear Dental Board members,

The Clayton County Board of Health would like to share concerns regarding the petition to the Iowa Board to remove "federal, state, or local public health programs" setting from the allowable settings for public health supervision of dental hygienists.

Clayton County is a very rural area and has limited access to dental care for children under age 3 and the many children on Medicaid. The dental hygienists who have been serving our WIC and Child Health clinic has been helping to bridge this gap for many years by providing screenings, education and fluoride varnish to this population. When dental needs are identified the hygienists are able to assist with referrals to area dentists for the necessary care. Many times when the family tries to access the dental care on their own they are unable to obtain the needed care.

In the past 11 months the dental hygienists who work for Clayton County Visiting Nurse Association have provided screening to 1207 children in Clayton, Allamakee, Howard, Winneshiek and Fayette counties.

Of these 1207 children, 962 referrals were made to area dentists for necessary care and 94 of these referrals were urgent referrals.

Our Board of Health would appreciate you considering our concerns as you review and discuss the proposed petition that you have received regarding the Public Health Supervision requirements for our dental hygienists who are providing a much needed service to the children in northeast Iowa.

Sincerely,

Michele Sadler, DO.

Clayton Co. Board of Health Chair

 **Community
Health Care, Inc.**
Opening Doors to Health Care

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DEC 29 2014

IOWA DENTAL BOARD

December 23, 2014

Iowa Dental Board
400 SW 8th Street, Suite D
Des Moines, Iowa 50309

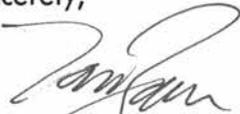
Members of the Iowa Dental Board,

This letter is notification that our community health center is **not** in support of the petition for rule making in regards to the proposed amendment to 650 IAC 15.5(1) that relates to the definition of a public health setting.

Currently many children and pregnant women are able to access preventive dental services from dental hygienists working under public health supervision. This type of supervision allows dental hygienists to see patients who access various public health programs, such as WIC, without a dentist first seeing them. These services improve access and reduce the disease burden in our community. Removing "federal, state and local public health programs" from the allowable settings for public health supervision of dental hygienists will decrease the effectiveness of current programs and may increase the number of patients accessing emergency rooms for dental issues. Also, if this change were made, adding a new setting for public health supervision services would require the rule to be re-opened, comments received, and consideration/determination made by the Board, adding administrative burden to the Board and hurdles for the requesting organization to overcome. Creating a narrow "laundry list" of allowed settings limits flexibility for organizations that want to improve access to oral health preventive services.

As a provider of oral health services to the safety net population, our federally qualified health center values the role of the public health supervision program, and we believe approval of this suggested amendment moves the state in the wrong direction by limiting access to oral health preventive services. We ask that the Iowa Dental Board deny this request.

Sincerely,



Tom Bowman, MBA, CMPE
Chief Executive Officer
Community Health Care, Inc.

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Joint Commission

on Accreditation of Healthcare Organizations

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DEC 26 2014

Christel Braness, Program Planner Email: Christel.Braness@iowa.gov
Iowa Dental Board
400 SW 8th St., Suite D
Des Moines, IA 50309

IOWA DENTAL BOARD

Dear Ms. Braness and Members of the Iowa Dental Board:

This letter is intended as a comment in opposition to the rule amendment to 650 IAC 10.5(1) proposed by the Iowa Dental Association (IDA). I am the Clinic Manager of Promise Community Health Center. We serve underserved individuals in our community with very limited access to medical, dental, and behavioral health services. As a Federally Qualified Health Center we provide affordable health services, offer a sliding fee scale, and create access in our community for individuals otherwise not served. We have a full-time dentist, dental hygienist, and two dental assistants providing quality dental care to the individuals we serve.

The IDA's proposed amendment would have the effect of limiting the ability of dental hygienists to provide services in public health settings. Dental hygienists (sometimes aided by dental assistants) have a history of providing quality oral health screenings and care to underserved Iowans in a variety of settings where dentists are rarely present. This has included (for example) school-based dental screenings and fluoride varnish applications (such as through the I-Smiles program), local health fairs, **community health centers**, and in local or regional correctional settings.

The Board's mission "is to ensure that **all Iowans** receive professional, competent, and safe dental health care of the highest quality." The reality is that much of Iowa is underserved in regard to oral health care. In our area, it is difficult to find a private-practice dentist willing to take on new patients particularly when the patient is poor, uninsured, and/or on Medicaid. When low-income Iowans are seen by a hygienist in a public health setting, they can find out if they have pressing dental needs and perhaps take advantage of fluoride varnish applications.

Please seek ways to increase, not limit, access to dental health care for all Iowans. Your support of dental hygienists in public health settings is imperative to our work as a community health center.

Sincerely,



Brittany Hamm, RN, BSN

Clinic Manager



338 1st Ave NW, Sioux Center, Iowa 51250

Fax: 712.722.1770 Phone: 712.722.1700 Toll Free: 877.722.1770



Bruce K. Meisinger
Director of Public Health
RECEIVED

DEC 26 2014

IOWA DENTAL BOARD

Iowa Dental Board
400 SW 8th Street, Suite D
Des Moines, Iowa 50309-4686

Date: December 22, 2014

Dear Iowa Dental Board Members:

The Black Hawk County Health Department is concerned about proposed changes being considered by the Iowa Dental Board relating the Iowa Administrative Code (IAC) rulemaking petition submitted by the Iowa Dental Association. The proposed change to 650 IAC section 10.5 (1) would remove the public health supervision provision for "federal, state and local public health programs," wherein dental hygienists would otherwise be legally required to provide dental services only under the direct supervision of a dentist.

The Black Hawk County Health Department provides public health dental screening, varnishes and oral health education services to approximately 1,000 low income children age 0 to 5 at the Women Infants and Children (WIC) offices in six counties. Additionally, the Health Department provides similar public health dental services to several thousand school-aged children in low-income schools; including the Waterloo Community School District wherein more than half of the 10,000 students enrolled are eligible for free and reduced lunch, a major indicator of persistent child and family poverty. These public health dental interventions provide preventive care to a large number of under-served children, for whom income and the lack of dental insurance are barriers to accessing services. Currently, there are not sufficient numbers of participating dental providers in our service area who are accepting uninsured or Medicaid insured clients and the oral health services provided by public health fulfill an unmet need for families who would otherwise not receive care.

The Black Hawk County Health Department is opposed to the removal of the provision under 650 IAC 10.5 (1) for public health supervision of the dental hygienists when providing basic dental services to low income, uninsured and underserved children under federal, state and local programs.

Sincerely,

Bruce K. Meisinger, MPP
Director of Public Health, Black Hawk County



**Black Hawk County
Board of Health**

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DEC 26 2014

IOWA DENTAL BOARD

Iowa Dental Board
400 SW 8th Street, Suite D
Des Moines, Iowa 50309-4686

Date: December 22, 2014

Dear Board Members:

The Black Hawk County Board of Health is strongly opposed to proposed changes being considered by the Iowa Dental Board relating the Iowa Administrative Code (IAC) rulemaking petition submitted by the Iowa Dental Association. The proposed change to 650 IAC section 10.5 (1) would remove the public health supervision provision for "federal, state and local public health programs," wherein dental hygienists would otherwise be legally required to provide dental services only under the direct supervision of a dentist.

The Black Hawk County Health Department, of which we are the governing body, provides public health dental screening, varnishes and oral health education services to approximately 1,000 low income children age 0 to 5 at the Women Infants and Children (WIC) offices in six counties. These public health dental interventions provide preventive care to a large number of under-served children, for whom income and the lack of dental insurance are barriers to accessing services. Currently, there are not sufficient numbers of participating dental providers in our service area who are accepting uninsured or Medicaid insured clients and the oral health services provided by public health fulfill an unmet need for families who would otherwise not receive care.

The Black Hawk County Board of Health is strongly opposed to the removal of the provision under 650 IAC 10.5 (1) for public health supervision of the dental hygienists when providing basic dental services to low income, uninsured and underserved children under federal, state and local programs.

Sincerely,

Deb Burger, Chair, Black Hawk County Board of Health
Robert Friedman, MD
Beth Cox, MPP
Kevin Blanshan, MPP
Rev. Dr. Mary Robinson

December 22, 2014

Dr. Steve Bradley, Chair
Iowa Dental Board
400 S.W. 8th Street, Suite D
Des Moines, IA 50309

Via email: christel.braness@iowa.gov

RE: Comments re: Petition for Rulemaking Submission by the Iowa Dental Association

Dear Dr. Bradley;

Please find below comments from the Iowa Dental Hygienists Association (IDHA) regarding the petition for rulemaking submitted on December 3, 2014 by the Iowa Dental Association that would eliminate "federal, state, or local public health programs" from the list of approved public health settings in which a dental hygienist can provide services under public health supervision. IDHA opposes this petition, and urges the Dental Board to use its authority under 650 IAC Section 7.1 (6) to deny the petition.

IDHA opposes this petition because it will have a significant detrimental impact on access to high-quality oral health care, especially care which is facilitated by the State of Iowa's I-Smile program. Additionally, we believe that the petition should be denied because it fails to provide any evidence, nor has any evidence been ever provided to the Dental Board, that the provision of dental hygiene services at any of the current approved settings in any way compromises the public safety of Iowans; instead the opposite is true. Iowans are benefiting from increased access to high-quality oral health care thanks to the dental hygiene services provided at public health settings.

Finally, IDHA opposes this petition because we find it be wholly inconsistent with past statements of the Iowa Dental Association that (1) they support the I-Smile program, a program that would be significantly undermined if dental hygienists were not able to work at public health care program settings, and (2) they would like to see a comprehensive review of public health supervision occur before any changes are made in the program.

By proposing to eliminate public health programs as an allowed site under public health supervision, the Iowa Dental Association has indicated that it clearly does not understand the important role that these public health programs play in helping more Iowa children gain access to oral health care services provided BOTH by dental hygienists and dentists. According to 2013 I-Smile report, from 2005 to 2013, the number of children in Iowa who received oral health services from a dental professional at a Title V clinic increased by 20,000, but the number of children in Iowa who saw a dentist thanks to the care coordination work done by a dental hygienist increased by nearly 50,000. Additionally, the report noted that 48% of children in Iowa who are enrolled in Medicaid saw a dentist last year, up from 43% in 2010. The national average is 37%.

Policymakers and all major oral health advocacy groups in Iowa agree that the I-Smile program has played a central role in these very positive numbers. What's more, almost all of the I-Smile coordinators across Iowa who implement this program are housed in Title V federal public health programs, i.e. the type of programs that no longer could serve as a location for dental hygienists to provide services under the Iowa Dental Association's petition for rule-making.

IDHA also believes that IDA's petition incorrectly represents the action that was taken by the Iowa Dental Board at its October 17 meeting, an action that was later ratified at the Board's October 31st meeting. At the October 17th meeting, the Dental Board had on its agenda, listed under "VII. Other Business", the following item: "D. Request to Include Correctional Facilities in Public Health Supervision Locations." This request came from the Iowa Department of Corrections, which was seeking an interpretation by the Dental Board whether a state prison constituted a state public health program under 650 IAC Section 10.5(1). At both the October 17 and October 31 Dental Board meetings, the Board voted to inform the Department of Corrections that yes, in fact, a prison fit under that definition.

Both IDA's petition and its letter to the Board on October 24 makes a legally indefensible case that by merely responding to a question regarding the interpretation of its rules, the Board was engaged in rulemaking or expanding the scope of its current rules. Such a statement is inconsistent with Iowa Code Section 17A.2, which states, "The term (rule). . . . does not include: *b.* A declaratory order issued pursuant to section 17A.9, or an **interpretation issued by an agency with respect to a specific set of facts and intended to apply only to that specific set of facts.** (Emphasis added). Clearly the action that the Dental Board took on October 17, 2014 and October 31, 2014 falls into this category.

Because of the overwhelming evidence that the step proposed by the Iowa Dental Board in its December 3, 2014 petition would be a public policy disaster for the State of Iowa, IDHA would urge the Board to use the authority provided in its rules under 650 IAC Section 7.1 (6) to deny this petition. Thank you for your consideration of these comments.

Sincerely,

Nadine DeVoss, President
Iowa Dental Hygienists Association
20524 Greenview Rd.
Council Bluffs, IA 51503
nadine.devossrdh@gmail.com

Braness, Christel [IDB]

From: Kuthy, Raymond A <raymond-kuthy@uiowa.edu>
Sent: Wednesday, December 24, 2014 8:22 AM
To: Iowa Dental Board [IDB]
Cc: Johnsen, David C; Caplan, Daniel J; Damiano, Peter C
Subject: Proposed Changes to Iowa Administrative Code 650-10.5

December 24, 2014

Dear Members of the Iowa Dental Board,

This letter is in regard to the proposed changes to Iowa Administrative Code 650-10.5, amending public health supervision rules. This amendment should be opposed for several reasons, but the most obvious is that tens of thousands of Iowans would lose access to oral health care without any proffered alternative ongoing and sustainable solution that is acceptable both to society as well as the profession. The overwhelming preponderance of these recipients are indigent, many of whom rely on a public health system, if any system, for the medical or oral health care that they receive.

Dental hygienists with public health supervision agreements in Iowa constitute only five (5) percent of the licensed hygienists in Iowa. Yet, they provide invaluable educational and preventive oral health services, such as dental sealants and topical fluoride applications, to a very vulnerable population. Importantly, they go to where the clientele is (i.e., Head Start, WIC centers, schools, etc.). More than 48,000 Iowa children have received one or more fluoride applications and more than 7200 children have received one or more sealants. Additionally, these dental hygienists have referred nearly 40,000 children and 1300 adults to dental offices for further care, many of whom had indications of dental care that was urgently needed. These preventive and referral services are invaluable if we ever truly want to reduce oral health disparities in our state.

I hope that you do not accept the recently proposed amendment to the public health supervision rules.

Thank you for your consideration.

Sincerely,

Raymond A. Kuthy, DDS, MPH
Professor, Preventive and Community Dentistry
University of Iowa College of Dentistry



**Community
Health Care, Inc.**
Opening Doors to Health Care

500 W. River Drive • Davenport, IA 52801-1014 • 563-336-3000 • (f) 563-336-3044

December 23, 2014

Iowa Dental Board
400 SW 8th Street, Suite D
Des Moines, Iowa 50309

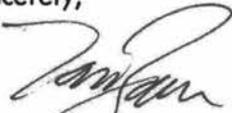
Members of the Iowa Dental Board,

This letter is notification that our community health center is **not** in support of the petition for rule making in regards to the proposed amendment to 650 IAC 15.5(1) that relates to the definition of a public health setting.

Currently many children and pregnant women are able to access preventive dental services from dental hygienists working under public health supervision. This type of supervision allows dental hygienists to see patients who access various public health programs, such as WIC, without a dentist first seeing them. These services improve access and reduce the disease burden in our community. Removing "federal, state and local public health programs" from the allowable settings for public health supervision of dental hygienists will decrease the effectiveness of current programs and may increase the number of patients accessing emergency rooms for dental issues. Also, if this change were made, adding a new setting for public health supervision services would require the rule to be re-opened, comments received, and consideration/determination made by the Board, adding administrative burden to the Board and hurdles for the requesting organization to overcome. Creating a narrow "laundry list" of allowed settings limits flexibility for organizations that want to improve access to oral health preventive services.

As a provider of oral health services to the safety net population, our federally qualified health center values the role of the public health supervision program, and we believe approval of this suggested amendment moves the state in the wrong direction by limiting access to oral health preventive services. We ask that the Iowa Dental Board deny this request.

Sincerely,



Tom Bowman, MBA, CMPE
Chief Executive Officer
Community Health Care, Inc.

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on Accreditation of Healthcare Organizations



APPANOOSE COUNTY PUBLIC HEALTH

APPANOOSE COUNTY BOARD OF HEALTH

209 East Jackson Street Phone: 641.437.4332
Centerville, IA 52544 Fax: 641.856.5575

Members of the Iowa Dental Board,

As a member of the Iowa Collaborative Safety Network Provider Network access to oral health services is often raised during our discussions and the Safety Net Advisory Group has identified this is a significant concern for the safety net population. Our organization is also concerned about oral health access issues in Iowa.

Currently many children and pregnant women are able to access preventive dental services from dental hygienists working under public health supervision. This type of supervision allows dental hygienists to see patients who access various public health program such as WIC without a dentist first seeing them.

Restricting access to preventive oral health services provided by dental hygienists working under public health supervision will reduce the progress that has currently been made in reducing the oral health disease burden in Iowa.

Appanoose County Public Health does not support changes to Administrative Code 650—10.5, Public Health Supervision rules defining public health setting for dental hygienists.

Sincerely,

Linda S. Rutherford

Linda S. Rutherford MEd., MS, RN
Administrator

Braness, Christel [IDB]

From: Nancy Adrianse <adriansen@iowapca.org>
Sent: Tuesday, December 23, 2014 10:41 AM
To: Iowa Dental Board [IDB]
Subject: Petition for rulemaking 650 IAC 10.5(1)

Iowa Dental Board Members,

This letter provides comments opposing the proposed amendment to 650 IAC 10.5(1) relating to definition of "public health settings".

The public health supervision of dental hygienists went to effect in 2003. As time has passed additional settings have been added due to the success of the programs where dental hygienists have provided preventive dental services. This amendment would be a step back for the health of Iowans. Providing preventive oral health service in public health programs has made Iowa a leader when it comes to providing preventive oral health care. Restricting the settings that dental hygienists can provide services to Iowans does not ensure that all Iowans receive professional, competent and safe health care of the highest quality.

Thank you for all that you do to ensure Iowans have access to oral health care! Please do not consider this rule change.

Nancy Adrianse
3210 SW 33rd Street
Des Moines, Iowa 50321
nadrianse@gmail.com

Braness, Christel [IDB]

From: Iowa Public Health Association <iowapha@gmail.com>
Sent: Tuesday, December 23, 2014 10:10 AM
To: Iowa Dental Board [IDB]
Subject: Re: Comments Opposing Petition to Amend Public Health Supervision of Dental Hygienists

Iowa Dental Board,

The Iowa Public Health Association (IPHA) opposes the amendment to Iowa Administrative Code 650-10.5 as proposed by the Iowa Dental Association. The effect of this proposed amendment would be to re-open the large gap in oral health services addressed in 2003 with the creation of these rules for public health supervision of a dental hygienist by a dentist.

As they stand, the rules assure the provision of safe, effective services by requiring that supervising dentists be available for communication and consultation. *Removing "federal, state, or local public health programs" from the allowable settings for public health supervision of dental hygienists would jeopardize the public's oral health.*

The rules for public health supervision of dental hygienists work:

- In 2013, 74 Iowa dentists had public health supervision agreements with 108 dental hygienists
- According to the Iowa Department of Public Health, a majority of services provided by dental hygienists using public health supervision occur in WIC clinics, which fall under "federal public health program" as the public health setting. In addition, most of the state's public health hygienists are employed or contracted by local public health programs, where services are also provided.
- These rules resulted in the following gap-filling services in 2013 which otherwise *would not have been provided*:
 - Sealants - 33,905
 - Prophylaxis - 801
 - Open mouth screening - 78,522
 - Fluoride application - 50,408
 - Individual counseling - 42,303
 - Group education - 1,196
 - Referrals to dentists:
 - - Clients ages 0-20 YO: regular care - 39,695; urgent care - 6,759
 - Clients ages 21+YO: regular care - 1,306; urgent care - 411

IPHA urges the Board to act in the interest of the public's health and retain the rules as written.

Respectfully submitted,

Jeneane Moody, MPH | Executive Director
Iowa Public Health Association
P.O. Box 13181 | Des Moines, IA 50310 | [515.491.7804](tel:515.491.7804)
iowapha@gmail.com | www.iowapha.org

IPHA is the voice of public health in Iowa through advocacy, membership services and partnerships.

Support IPHA - Donate Online at www.iowapha.org.

www.facebook.com/IowaPublicHealthAssociation

<http://twitter.com/#!/iowapha>

Braness, Christel [IDB]

From: Patty Hinrichs <PHinrichs@grmc.us>
Sent: Tuesday, December 23, 2014 10:06 AM
To: Iowa Dental Board [IDB]
Cc: Lisa Leris; Stacy Jobes
Subject: Supervision of Dental Hygienists by Public Health

Iowa Dental Board

I want to give input to the proposed amendment that would no longer allow Public Health supervision of Dental Hygienists in Iowa. This is an important part of the Maternal Child Health program in Iowa and locally in Poweshiek County. This allows many children to be screened in the clinic setting and getting referrals for much needed treatment. Please consider continuing this supervision.

- According to the Iowa Department of Public Health, a majority of services provided by dental hygienists using public health supervision occur in WIC clinics, which fall under "federal public health program" as the public health setting. In addition, most of the state's public health hygienists are employed or contracted by local public health programs, where services are also provided.

Patricia Hinrichs
Public Health Manager
Grinnell Regional Public Health
PH: 641-236-2385
Fax: 641-236-2599



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Braness, Christel [IDB]

From: Lindsay Kleinmeyer <lindsaykleinmeyer@yahoo.com>
Sent: Monday, December 22, 2014 8:05 PM
To: Iowa Dental Board [IDB]
Subject: Petition

In regards to the consideration of changing the wording for our scope of practice, I strongly urge you to keep the same wording and allow us to serve as many people in any setting necessary.

Lindsay Kleinmeyer RDH

Sent from my iPhone

HEALTH SERVICES OF LYON COUNTY

315 First Avenue, Suite 208

Rock Rapids, IA 51246

(712) 472-8200

December 22, 2014

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

RE: Petition for rulemaking to amend the public health supervision rules – Iowa Administrative Code 650—10.5.

Dear Dental Board Members:

Lyon County Public Health was recently made aware of a petition filed by the Iowa Dental Association to amend 650 IAC 10.5(1). Specifically, that proposed amendment would remove the words “federal, state, or local public health programs” from the definition of “Public Health Settings” found in that section. According to Section 10.5(1), public health settings also include schools, Head Start programs, programs affiliated with Early Childhood Iowa initiative, child care centers, federally qualified health centers, public health dental vans, and nursing facilities.

The instigating event leading to the proposed amendment was the Iowa Dental Boards’ interpretation to include correctional facilities as a public health program. The Iowa Dental Association is concerned with the vagueness of the words “federal, state, or local public health programs” as well as the safety of dental patients at correctional facilities. However, if the amendment were adopted, the ability of local health departments to provide quality gap-filling oral health services to persons who would otherwise have little or no access to those services of elsewhere would be severely limited.

I am writing on behalf of the Lyon County Board of Health to express a strong opposition to the amendment a proposed and encourage the Dental Board to continue to support the ability of dental hygienists to practice, under a public health supervision agreement, as currently interpreted.

Currently, registered dental hygienists must obtain a public health supervision agreement with a dentist when working in public health settings. This agreement allows the dental hygienist to perform services approved by the dentist without direct onsite supervision. The dentist only needs to be available for communication and consultation.

Lyon County’s I-Smile Coordinator partners with local dentists, medical professionals, civic organizations, businesses, schools, WIC, and Head Start. She provides training for local medical

offices to complete dental screenings and fluoride varnishes for children under the age of 2. She also provides training for School Nurses to complete the Kindergarten/9th grade oral health screening mandate.

The I-Smile Program serves our county's children from 0-20 years of age and the Maternal Health Program serves pregnant and recently postpartum women. Services include dental screenings, fluoride varnish applications, oral hygiene instruction, and referrals to dentists. Other services include partnering with local dentists for "Give Kids a Smile Day," providing **hawk-I** outreach services for uninsured or under insured kids, as well as dental screenings and fluoride varnishes for Head Start/Earl Head Start students and WIC clients, and screenings for students enrolled at the School-based dental Sealant schools.

Lyon County has a majority of water systems that fall below current recommendation of 0.7mg/L of fluoride for optimal prevention of dental carries (cavities). There are a decreasing number of available Medicaid providers in our county area. Due to costs and resources, there are an increasing number of Lyon County children without dental insurance. With that being said, if local public health programs are eliminated from the definition of "Public Health Settings," these children will have nowhere to turn for these important preventative services. The public health programs currently provided may be the only means of dental care for many residents, one being myself. Local public health departments provide vital, gap-filling services to those without access elsewhere.

Thank you for your consideration in this matter.



Jody Folkens, RN, BSN
Lyon County Public Health Administrator
315 First Avenue, Suite 208
Rock Rapids, Iowa 51246

Cc: Lyon County Board of Health



**Department of Preventive
and Community Dentistry**

329 Dental Science N
Iowa City, Iowa 52242-1010
319-335-7184 Fax 319-335-7187

December 22, 2014

Dear Iowa Dental Board,

I am writing this comment in regard to the proposed changes to Iowa Administrative Code 650-10.5, amending public health supervision rules for dental hygienists. In brief, the current rules have served the state well, particularly underserved children and older adults, and I feel that it would be a grave disservice to remove "federal, state and local public health programs" from the list of defined public health settings, as is specified in the proposed changes to the Iowa Administrative Code.

In particular, the passage of the proposed amendment would effectively eliminate some public health dental programs, such as WIC and the very successful I-Smiles program. The I-Smile Program serves children and provides services including dental screenings, fluoride varnish applications, oral hygiene instruction, and referrals to dentists. Without this program, many impoverished children simply would not receive any dental care, or dental preventive services. Many of these most vulnerable children, who are at highest risk for dental caries, are from families who lack the resources to access routine dental care on their own, and must rely on public programs and public insurance. While the public insurance programs in Iowa are relatively generous, many dentists are unwilling to readily provide services to Medicaid-insured individuals or restrict the number of such patients in their practices. The I-smile program helps to coordinate care for these children, and importantly, helps to assure that these children are able to keep their dental appointments.

Overall, there are 110 dental hygienists with public health supervision agreements in Iowa. Collectively, these hygienists provided nearly 40,000 dental referrals for regular care and nearly 7,000 referrals for urgent care for children age birth to 20 years in 2013. By this metric, the proposed changes would endanger literally thousands of children and potentially deprive them of receiving need oral health services. Moreover, the public health dental programs staffed by dental hygienists offer convenient access to dental services and emphasize preventive care and referral to local practitioners. Lastly, the current public health services agreement between a dentist and dental hygienist is comprehensive and includes safeguards to ensure patient safety and appropriate dental hygienist duties are performed. Thus, there is really nothing to be gained by implementing the proposed changes to the code, and much to lose.

Therefore, I urge the board to keep the present rules in place, and to not approve the proposed changes to the Iowa Administrative Code.

Thank you.

Sincerely,

John J. Warren, DDS, MS
Professor and Graduate Program Director
Director, American Board of Dental Public Health
N-337 Dental Science Building
The University of Iowa
Iowa City, IA 52242

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

December 22, 2014

Dear Dental Board Members,

I am writing in regard to The Iowa Dental Association petition to the Iowa Dental Board to remove "federal, state, or local public health programs" from the allowable settings for public health supervision of dental hygienists.

I work with the Women, Infants and Children (WIC) Program. We utilize Registered Nurses and Registered Dietitians to provide health/nutrition assessment, education and referrals for children 0-5 years and pregnant/postpartum women. Oral health strongly impacts overall health. WIC recognizes the importance of oral health and we routinely touch on that topic with our questionnaire but we do not have the expertise to adequately address oral health issues and needs.

We do have the Child Health Program funded through Title V co-located at our local WIC Clinic. Through that program we have dental hygienists on site. In that setting under the Public Health supervision agreement the registered dental hygienists are currently able to provide oral health screenings, education and fluoride varnish to children ages 0-5 years old on the WIC program and other Child Health Program eligible children 0-22 years old. The petition to remove federal, state or local public health programs from the allowable settings for public health supervision of dental hygienists would severely impact our county residents being able to access oral health services for their children.

Most of the dentists serving our five county service area start seeing children at 3-4 years of age. Very few of those dentists are willing to accept new children with Medicaid as their payment source. The vast majority of the children on WIC have Medicaid as their payment source for dental care. We do not have access to a Federally Qualified Health Center or any other community health center. The oral health education the dental hygienists provide at WIC clinics can prevent children developing baby bottle tooth decay. Just one child with baby bottle tooth decay can cost thousands of (TXIX tax payer funded) dollars in treatment.

I am strongly opposed to the petition to remove "federal, state, or local public health programs" from the allowable settings for public health supervision of dental hygienists as I believe it would have severe negative consequences on the health of our children and families and a huge increase in our TXIX expenditures.

Sincerely,

Elaine Sampson, RN, WIC CPA

December 22, 2014

Iowa Dental Board,

I am writing this comment in regard to the proposed changes to Iowa Administrative Code 650-10.5, amending public health supervision rules. The existing public health supervision agreement specifies: a) the actual location(s) where the dental hygienist may provide services; b) how communication and consultation will be maintained; c) how patient dental records will be maintained; and d) age and procedure-specific standing orders as directed by the supervising dentist for dental assessment/screening, sealants, fluoride varnish, oral prophylaxis, radiographs, and education. The agreement is reviewed biennially. The dental hygienist must complete and submit a summary report to the Oral Health Center of the Iowa Department of Public Health once per calendar year.

There are 110 dental hygienists with public health supervision agreements in Iowa. Collectively, these hygienists provided nearly 40,000 dental referrals for regular care and nearly 7,000 referrals for urgent care for children age birth to 20 years in 2013. Johnson County Public Health (JCPH) provides two public health programs that utilize a dental hygienist. The I-Smile Program serves children to age 21 years and the Maternal Health Program serves pregnant and recently postpartum women. Services provided include dental screenings, fluoride varnish applications, oral hygiene instruction, and referrals to dentists. JCPH provided 3,489 I-Smile dental services in FFY2014 and 3,243 services in FFY2013. There were 151 dental services provided to Maternal Health clients in FFY2014 and 273 services provided in FFY2013.

The public health programs provided by JCPH are the only means of dental care for many residents in the JCPH service area of Johnson and Iowa Counties. There were 320 (34%) Johnson County children, and 156 (58%) Iowa County children that did not have dental insurance in FFY2014. Approximately 70 uninsured school children in Johnson County were provided routine dental cleanings, screening and fluoride treatments last year.

The amendment should be opposed for the following reasons:

- The passage of the proposed amendment would eliminate some public health dental programs in Iowa since dental hygienists could no longer provide direct dental services for the WIC and I-Smiles programs.
- Dentists are not a viable option to provide services for these programs due to non-availability or unwillingness to provide those services at a public health site.
- Clients who lack or are ineligible for dental insurance could not be served at dental offices.
- Not all dentists accept Medicaid and those that do have limitations on the number of Medicaid patients they serve.

- Transportation issues continue to be a challenge for many families. Unfortunately, in many parts of Iowa a dentist is not conveniently located where families live.
- The public health dental programs staffed by dental hygienists offer convenient access to dental services and emphasize preventative care and referral to local practitioners.
- The current public health services agreement between a dentist and dental hygienist is comprehensive and includes safeguards to ensure patient safety and appropriate dental hygienist duties are performed.
- The oral health of Iowa women and children is at risk if these public health dental programs were to cease.

Thank you for your consideration.

Sincerely,
Howard Cowen

Howard Cowen DDS, MS, DABSCD
Director, Geriatric & Special Needs Dentistry
Clinical Professor, Preventive & Community Dentistry
College of Dentistry
University of Iowa
319-335-6961

Braness, Christel [IDB]

From: LePeau John <lepeau@mchsi.com>
Sent: Friday, December 26, 2014 1:10 PM
To: Iowa Dental Board [IDB]
Subject: Re: Proposed Change to Amend 650 IAC 10.5 (1) Public Health Settings Defined

To: Iowa Dental Board
From: Nancy Sisty LePeau, DH, MS, MA (Iowa Dental Board Member 1994-2000)

Re: 650 IAC 10.5 (1) Public Health Settings Defined -- Proposed change to amend by eliminating the phrase: and federal, state, or local public health programs.

As a dental hygienist who was employed in the Johnson County Public Health Child Health Clinic from 1991 to 2011, I do not support a change to amend the rule regarding Public Health Settings Defined for dental hygienists in Iowa that would eliminate the phrase: and federal, state, or local public health programs.

Since the inclusion of the 2003 dental agreement provision in the Public Health Supervision rule, increasing numbers of dental hygienists in alternative settings have provided oral health education, dental hygiene assessments, treatment and referral for dental care to Iowa citizens who previously had not been seen by a dentist. The elimination of the eligibility of "federal, state, or public health programs" would immediately prohibit dental hygienists who currently work in those programs from providing oral health care. The loss of the care these dental hygienists provide would be extremely detrimental to the health and well being of the citizens of Iowa. A report from the Iowa Department of Public Health Oral Health Center shows that dental hygienists in Iowa working under Public Health Supervision dental agreements provided 168,164 oral health services for infants to 20 year olds during the single year of 2013. In addition to these very favorable numbers, the percentages of children with Medicaid referred to and seen by dentists have steadily increased since the inception of this program. Who would provide this type of oral health care yearly if dental hygienists were prohibited from working in these settings under the conditions of the current rules and regulations?

The Iowa Dental Board wrote the rules and regulations for the public health supervision of dental hygienists in alternative practice settings to address the unmet oral health needs of the citizens of Iowa. The dental hygienists not working directly with a dentist in these settings are required to have a written supervision agreement with a dentist to plan the protocols for the setting and to discuss and agree upon policies and procedures. The rule lists a number of possible alternative settings in which a dental hygienist may provide care and includes a general statement to allow for additional care settings for individuals with unmet needs as they arise.

Members of the Iowa Dental Board recognized that children and adults who do not receive dental care are often from low-income families without dental insurance. Further, even though children may be enrolled in Medicaid, studies show that they receive dental care at extremely low rates due to the limited number of Medicaid patients accepted by dentists. The American Dental Association published a report in June of this year stating that more and more children are going to the emergency room for dental treatment because they do not have dental insurance. Many states are describing areas where there are no dentists and where large numbers of people in the state have no dental insurance. The Iowa Dental Board was not alone in developing mechanisms to assist Iowa citizens to meet their oral health needs. States such as Minnesota and Wisconsin are providing rules and regulations for the practice of dental hygiene in alternative practice settings to allow for more dental care to the underserved.

In summary, I believe that the Iowa Dental Board made a wise decision in writing the current rule that expands and clarifies the role of dental hygienists in alternative practice settings. These hygienists provide excellent and safe education, preventive dental hygiene care and referral to those without oral health care. I believe that it would be unwise to change the current rule to further restrict dental hygiene care and referrals for thousands of Iowa citizens each year who are now being seen for needed oral health care in a variety of settings. The citizens of Iowa deserve the high-quality care that dental hygienists are educated to perform to meet their preventive and dental hygiene care and to be referred for additional care.

December 18, 2014

Ms. Jill Stueker, Executive Director
Iowa Dental Board
400 SW 8th Street, Suite D
Des Moines, IA 50309-4686

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DEC 22 2014

IOWA DENTAL BOARD

Dear Ms. Stueker:

We write to comment on the Iowa Dental Association's petition to amend 650 IAC section 10.5(1), which defines public health settings for the purposes of public health supervision of a dental hygienist by a dentist.

In the petition, the Iowa Dental Association disagreed with the Board's action to expand the definition of public health settings to include correctional facilities without public comment and uses this as a basis for arguing for removal of reference to "federal, state, or local public health programs." Their concerns about the lack of opportunity for public comment should be addressed separately with the board, or through the channels offered by the administrative rules process. The petition arbitrarily alters the public health supervision rules as a means of managing the Board's rulemaking process. The petition provides no evidence of how the proposed changes will increase patient safety, but instead, will reduce access to preventive oral health services provided to underserved Iowans.

Delta Dental of Iowa and its Foundation are committed to supporting initiatives that improve the oral health of Iowans. We are concerned the proposed changes to the rules unnecessarily restrict the settings where public health hygienists can provide preventive oral health services. The proposed restrictions will likely result in decreased access to oral health services and poorer oral health status for many of the most vulnerable Iowans.

In 2012, the Delta Dental of Iowa Foundation announced a long term, strategic vision to improve the oral health of Iowa's children and older adults. The Foundation's 2020 goals are 1.) Children ages 0-12 (300% FPL and below) are cavity free and 2.) Every Iowa nursing home resident and homebound elderly person has access to oral health care. Increasing access to oral health care in a variety of settings that maintain quality of care is critical to achieve better oral health outcomes. Access to screenings and preventive care in various federal, state, and local public program settings, are important to assure low-income children and Iowa seniors, have an opportunity to improve or maintain their oral health.

Thank you for considering our comments.

Sincerely,



Suzanne Heckenlaible
Vice President, Public Affairs
Delta Dental of Iowa



Jeff Chaffin, DDS, MPA, MBA, MHA
Vice President & Dental Director
Delta Dental of Iowa



UnityPoint Health
Finley Hospital

Visiting Nurse Association - Clayton Co.

600 Gunder Rd. NE Suite #5

Elkader, IA 52043

RECEIVED office (563) 245-1145

or (800) 836-7867

DEC 22 2014 fax (563) 245-2730

unitypoint.org

IOWA DENTAL BOARD

December 17, 2014

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

Dear Iowa Dental Board Members:

I am writing in response to the Iowa Dental Association petition to the Iowa Dental Board to remove "federal, state, or local public health programs" from the allowable settings for public health supervision of dental hygienists. I am the WIC Coordinator for five counties in northeast Iowa, (Allamakee, Clayton, Fayette, Howard and Winneshiek). The WIC staff and I are very concerned about our WIC participants if they will no longer be able to receive oral health services at WIC clinic.

We work with Registered Dental Hygienists employed through the federal Child Health Program who provide services at our co-located WIC clinic sites serving children birth to age 5 and pregnant and postpartum women. The Dental Hygienists at clinic begin oral health education prenatally. Women who have poor oral hygiene are at risk for premature births, a huge health care expense. They provide oral health education to parents beginning at the birth of their baby, helping to prevent baby bottle syndrome which is another huge expense and significant detrimental impact on the health of those children. Baby bottle tooth decay can cost up to \$20,000 per child depending on the severity and if hospitalization is needed for treatment. In 2006 the American Dental Hygienists Association calculated that every dollar spent on preventative dental care could save \$8 to \$50 in restorative and emergency treatments. In our last fiscal year our WIC agency saw an average of 687 children a month, and the dental hygienists are able to provide services to those children every six months. Of the children seen at WIC clinic 96% of those have Medicaid/Title XIX. Most Dentists in our 5 county area have limits on the number of Medicaid clients that they will accept and even though Medicaid will begin paying for regular dental checkups at age 1 most Dentists will not see children until age 2 or 3. Families have huge barriers to understanding Medicaid and great difficulty navigating the dental system having that Dental Hygienist as an advocate helps

assist them and can act as a liaison with the dental office. Most of these families would never receive services outside WIC especially in our rural county area.

This issue appears to directly impact the ability of the dental hygienists working under Public Health Supervision to provide education, screening and referral assistance to pregnant women and young children 0-5 at WIC clinics not only in our five county area but across the state as WIC is a federal public health program. On behalf of the WIC staff and myself, we are strongly opposed to the petition to remove "federal, state, or local public health programs" from the allowable settings for public health supervision of dental hygienists as we believe it would be severely detrimental to our WIC children and families.

Sincerely,

A handwritten signature in black ink that reads "Sara Noack RN, BSN". The signature is written in a cursive, flowing style.

Sara Noack RN, BSN
WIC Coordinator
Clayton County VNA
600 Gunder Rd Suite 5
Elkader, IA 52043
888-836-7867 ext. 2
sara.noack@unitypoint.org

December 19, 2014

Christel Braness, Program Planner
Iowa Dental Board
400 SW 8th St., Suite D
Des Moines, IA 50309

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DEC 22 2014
IOWA DENTAL BOARD

COMMENT LETTER-PETITION RE: Public Health Settings and Dental Hygienists

Dear Ms. Braness and Members of the Iowa Dental Board:

I write this comment letter to express opposition to the rule amendment to 650 IAC 10.5 (1) proposed by the Iowa Dental Association (IDA). As Executive Director of Promise Community Health Center, a Federally Qualified Health Center in far northwest Iowa, I am familiar with the oral health care needs of rural and medically underserved Iowans.

I am concerned that the IDA's proposed amendment would have an effect of limiting the ability of dental hygienists to provide services in public health settings, such as Promise Community Health Center. The role of the Dental Hygienist at Promise Community Health has been and continues to be integral in ensuring access to quality oral health care. When the Center initiated its dental program in 2011, the public health supervision agreement enabled Promise to be able to provide daily access to dental/oral health services because Promise was dependent on a part-time volunteer dentist to provide dental care and serve as Director of its oral health program until the Center was able to recruit a full time dentist.

I believe that the Dental Board wants to seek ways to increase- not limit- access to dental care for all Iowans. Access to care must include low-income and high-risk Iowans. In rural and underserved areas, private dental practices limit the number of Medicaid children their practice will provide care for. When low-income Iowans have access to a hygienist in a public health setting, they can find out if they have urgent dental needs. They also can take advantage of preventive health measures. I urge you as a board to deny the amendment proposed by IDA.

Sincerely,



Nancy Dykstra, MA, PHCNS-BC
Executive Director, Promise Community Health Center



338 1st Ave NW, Sioux Center, Iowa 51250

Fax: 712.722.1770 Phone: 712.722.1700 Toll Free: 877.722.1770



SCOTT COUNTY HEALTH DEPARTMENT

Administrative Center | 600 W. 4th Street | Davenport, Iowa 52801-1030

Office: (563) 326-8618 | Fax: (563)326-8774

www.scottcountyiowa.com/health



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DEC 22 2014

IOWA DENTAL BOARD

Public Health
Prevent. Promote. Protect.

December 19, 2014

Dear Iowa Dental Board:

Scott County Health Department has employed a dental hygienist working under public health supervision as I-Smile™ Coordinator since 2008. As a result, we have been able to offer gap-filling dental services to many underserved children in our community. These services have included dental screenings, fluoride varnish, and referrals to dentists for comprehensive dental care. This year alone, our hygienist has been able to identify and refer the dental needs of over 1,000 children to local dentists while practicing under public health supervision at schools and at our health department clinic. These services have been beneficial for identifying needs and providing preventive care for children in Scott County.

It has come to our attention that the Iowa Dental Board has received a petition to no longer allow dental hygienists under public health supervision to provide services in locations classified as "federal state, or local public health programs." If the petition is accepted as written, we would no longer be able to provide gap-filling dental screenings and fluoride varnish treatments to children that come to our health department clinic, a local public health program. Of equal concern, dental hygienists with public health supervision agreements providing similar services at Scott County WIC clinic (federal public health programs) would no longer be able to offer services.

The petitioners were most concerned about dental hygienists practicing in correctional facilities under public health supervision. Perhaps that issue could be addressed without affecting current services at other "federal, state, and local public health programs" like those we provide. Please let us know if we can offer further information about the potential effects such a ruling could have on the oral health of children in our community.

Thank you in advance for your consideration.

Sincerely,

Edward Rivers, MPH

Director

Scott County Health Department

BOARD OF HEALTH
Administrative Center
600 West 4th Street
Davenport, Iowa 52801-1030
Office: 563-326-8618
Fax: 563-326-8774
E-mail: health@scottcountyiowa.com
www.scottcountyiowa.com



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DEC 22 2014

IOWA DENTAL BOARD
Denise Coiner, MS, RTR, Chairman
Ann O'Donnell, DO, Vice-Chairman
Kathleen Hanson, PhD, MN, Secretary
Scott Sandeman, DVM
Jim Lyles, MD, MPH

December 19, 2014

Dear Iowa Dental Board:

Scott County Health Department (SCHD) has employed a dental hygienist working under public health supervision as I-Smile™ Coordinator since 2008. As a result, SCHD has offered dental services to many underserved children in our community. These services have included dental screenings, fluoride varnish, and referrals to dentists for comprehensive dental care. This year alone, the SCHD hygienist has been able to identify and refer the dental needs of over 1,000 children to *local dentists* while practicing under public health supervision at schools and at our health department clinic. These services have been beneficial for identifying needs and providing preventive care for children in Scott County.

It has come to our attention that the Iowa Dental Board has received a petition to no longer allow dental hygienists under public health supervision to provide services in locations classified as "federal state, or local public health programs." If the petition is accepted as written, SCHD would no longer be able to provide gap-filling dental screenings and fluoride varnish treatments to children that come to our health department clinic, a local public health program. Of equal concern, dental hygienists with public health supervision agreements providing similar services at Scott County WIC clinic (federal public health programs) would no longer be able to offer services.

We believe that public health departments play a vital role in the delivery of dental services to children in the community who need care, and provide the means for those children to receive care by dentists in the area, which is a benefit to SCHD clients, local dentists, and the community.

Thank you in advance for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Denise Coiner".

Denise Coiner, MS, RTR
Chairman
Scott County Board of Health



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DEC 22 2014

IOWA DENTAL BOARD

December 17, 2014

Christel Branness, Program Planner
Iowa Dental Board
400 SW 8th St., Suite D
Des Moines, IA 50309

To Whom It May Concern:

Thank you for the opportunity to comment on the proposed rules change **petitioned by the Iowa Dental Association for amendment of 650 IAC 10.5(1) relating to the definition of "public health settings"**. Visiting Nurse Services (VNS) of Iowa would like to express great concern about this petitioned rule change. We **OPPOSE** this change in the definition of *public health settings*. This would have a disastrous impact on providing dental health services to children throughout the state of Iowa.

According to the U.S. Public Health Service, dental and oral disease, affecting more than 50 percent of children in this country, may be the most prevalent and preventable condition among young people. Physicians and dentists alike recognize that oral health plays an integral part in determining a child's general health. Tooth decay and infections are just two of the chronic health problems that can result when children's oral health is ignored. These conditions can lead to pain, disfigurement and, ultimately, much higher treatment costs.

The long established current rules on this topic have served our state well. Dental hygienists in Iowa must practice under supervision of a dentist. As you know one of the allowable types of supervision is "public health". VNS participates in providing oral health care services under this definition. Without access to dental health programs being provided through federal, state or local public health programs more than 50,000 essential preventive oral health services will **NOT** be provided to Iowa's children. In addition, these children will not be linked to dental homes or critical dental services that might be needed.

It is vital for the Dental Board to understand that ***no one will provide oral health care for these children*** if the petitioned rule change goes into effect. There has been a 61% increase in the number of Medicaid enrolled children seeing a dentist since the I-Smile™ program was initiated and that is a direct result of seeing children in WIC Clinics where we have access to them as well as their caregivers. Without this access these children will fall through the gap.

In 2004, only 11,472 dental screenings were provided in Iowa by hygienists using public health supervision. By 2013, 90 hygienists with agreements provided services totaling 78,522 screenings and 50,408 fluoride applications. Of this number, more than **28,000** screenings and nearly **22,000** fluoride

applications were provided specifically at WIC clinics, a federal public health program setting. This is a direct result of seeing children in federal public health programs.

We encourage the Iowa Dental Board to reject this petition for rulemaking and keep federal, state and local public health programs as part of the defined public health settings.

Thank you for your thoughtful consideration of our comments.

Respectfully,



Cari Spear, MSN, RN
V.P. Community Health Services

Visiting Nurse Services of Iowa
1111 9th Street, Suite 320
Des Moines, IA 50314
515.558.9606
caris@vnsia.org

RECEIVED
DEC 24 2014
IOWA DENTAL BOARD

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

Comment letter on IDA petition re: public health settings and dental hygienists

Dear Members of the Iowa Dental Board:

I write to comment in opposition to the proposed amendment to 650 IAC 10.5(1). As Director of Children and Family Services at Community Health Partners, the public health provider for Sioux County, I am daily reminded of the unmet dental and oral health needs of families in our rural Sioux County communities.

Decreasing access to oral health services by limiting the ability of dental hygienists to provide services in public health settings will only worsen an already grave situation and perpetuate an untenable disparity for low income and Medicaid patients who need dental care and are unable to afford or access it.

The Iowa Dental Board should deny the IDA's petition which puts an already vulnerable population at even greater risk of short and long term health problems.

Sincerely,



Kim Westerholm, RN, BSN; MA
Director of Children and Family Services

To: Iowa Dental Board

From: Patricia Kemp, RDH

RE: Public Health Supervision

Attention: Christel Braness

Dear Board Members,

I am opposed to the petition to change the public health supervision for dental hygienists. I ask the Dental Board to NOT amend this section as the petition suggests. The elimination of "federal, state or local public health programs" from the public health settings as defined in Code 650-10.5 would create a huge barrier for our most vulnerable population.

I have served children and women at the Women, Infant and Children program for over 15 years. The people seen are in desperate need for dental screenings, education and identification of dental needs. Children seen at this program are from birth to age five. Most dental offices do not see children at these very young ages. The decay rate for the low income is much higher compared to their more affluent peers. The need for education and prevention is very real. Proper early intervention and education does work. It is so very disheartening to see children with massive decay. It is extremely costly to treat rampant decay due to the need for hospital dentistry which is most often performed by a pediatric dentist. The pediatric dentists are often located in areas where our rural clients must travel a great distance and the wait to have treatment can be many months. I also assist the dental offices with their clients as I often am in contact or can reach out to the families. Care coordination is an asset that public health thrives on.

For many the first service families initiate is at the Women, Infant and Children program when they move to Iowa. I serve as an advocate for the families, provide resource information and keys to navigating care in our great state. It can be very daunting for young families who often come from abusive and difficult situations. It is hard to imagine the hardship some clients have endured and yet they continue to strive to improve their situations for the sake of their young children.

Public Health supervision has written agreements that are followed with specific, appropriate standing orders. Access to dental services is of utmost importance. Iowa should never stand for the reversion of care to our most needy and very young Iowans. Dental service through public health supervision is safe

and works! We must remember that oral infections do arise at any age. Children and adults can lose their lives to untreated dental decay. Let us strive to be proactive and begin to see the possibilities in treating all those entrusted to our care. Barriers to essential dental care should not be determined by ones socioeconomic level. Our children deserve better!

Thank you for your consideration in this matter.

Sincerely,


Patricia Kemp, RDH

1865 Carter Road

Dubuque, Iowa 52001

563-556-1498

Braness, Christel [IDB]

From: Kelley Rath <kelley.rath@hillcrest-fs.org>
Sent: Monday, December 22, 2014 1:25 PM
To: Braness, Christel [IDB]
Subject: Proposed changes to dental hygienists in the WIC program

Hello,

I'm writing to provide comments in regards to the importance I feel dental hygienists provide in serving individuals participating in the WIC program.

- Dental hygienists working in the WIC program serve children of lower income status who often due to this have never had any sort of dental screening or cleaning by a professional. Often times it this first contact where oral problems are detected thus establishing a treatment plan for a child.
- Dental hygienists provide education to families and function as a preventative care health professionals. Their services have reduced the number of children with oral health concerns in our clinics as a result of their educational component.
- Our dental hygienist serves as an excellent community resource by means of making referrals to other programs and assisting in scheduling necessary dental appointments.

The role of these health care providers in the WIC setting is invaluable.

Kelley Rath, RDLD
WIC Dietitian, Hillcrest Family Services
220 West 7th Street
Dubuque, IA 52001
kelley.rath@hillcrest-fs.org
563-557-4444 ext 221



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www.midsioux.org

December 22, 2014

Christel Braness, Program Planner
Iowa Dental Board
400 SW 8th St. Suite D
Des Moines, IA 50309

Dear Ms. Braness and Members of the Iowa Dental Board:

This letter is in regard to the rule amendment to 650 IAC 10.5(1) proposed by the Iowa Dental Association. I am writing to express my opposition to the amendment being proposed. I have worked as the Director of the WIC (Supplemental Food Program for Women, Infants, and Children), Maternal Health, and Child Health program for over 20 years. During that time, I would consider the implementation of the I-Smile program and the expansion of preventive oral health services as one of the greatest improvements in public health services for underserved Iowans.

Unfortunately, in Mid-Sioux's five county service area (Cherokee, Ida, Lyon, Plymouth, and Sioux), only 53% of the eligible children who are enrolled in Medicaid, received any dental services in FY'13. It is often very difficult to find private-practicing dentists who are willing to provide services to new Medicaid patients. Allowing oral health services in federal, state, and local public health settings provides low-income Iowans with access to preventive oral health (screenings, fluoride varnishes, sealants, etc.). In addition to the direct oral health services, the dental hygienist is also responsible for providing care coordination services to assist the family with finding a dentist to complete any necessary treatment.

I would like to challenge the Iowa Dental Board to look for ways to improve access to oral health care for our low-income families rather than adding unnecessary restrictions/burdens. Research has shown that it is about 10 times more expensive to provide inpatient dental care for caries-related conditions than to provide preventive care. Over the past several years, public health settings (such as WIC clinics and school-based sealant clinics) have offered a venue for dental hygienists to provide preventive services to children who otherwise may not receive ANY oral health care. These services are provided under a Public Health Supervision Agreement with a local dentist and staff comply with the guidelines set forth by the Iowa Department of Public Health, Centers for Disease Control and Prevention and the American Dental Association to assure the services are provided in a safe environment.

The Iowa Dental Association's mission is "to ensure that all Iowans receive professional, competent, and safe dental health care of the highest quality". I would hope that this mission is reflected upon as decisions about the future of oral health services in federal, state, and local public health settings is being considered.

Sincerely,

Cindy Harpenau

Cindy Harpenau, RN, BSN
WIC/MCH Director

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COUNTY OF POLK
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Rick Kozin, Director
1907 Carpenter Avenue
Des Moines, Iowa 50314

RECEIVED
PH 515.286.3798

DEC 23 2014

IOWA DENTAL BOARD

December 22, 2014

Ms. Jill Stuecker
Executive Director
State of Iowa Dental Board
400 SW 8th Street, Suite D
Des Moines, IA 50309-4687

Dear Ms. Stuecker:

The Iowa Dental Association has submitted a petition for rulemaking to amend the public health supervision rules. Specifically, petitioners request the words, "...and federal, state, or local public health programs" be deleted from the Iowa Administrative Code 650-10.5. We urge you to deny this petition.

Petitioner's primary concern seems to be that this "vague catch-all language" was used to "expand the scope of public health settings to include correctional facilities" without the opportunity for public comment. Without getting into the merit of this claim their proposal would dramatically limit the delivery of dental care to our communities most vulnerable residents.

As I understand the proposed change we would not be allowed to bring a dental hygienist into our clinic (local public health program) or have one at a local back to school health fair. Last year, at one back to school health event over 250 children received their required dental screenings.

In 2013, statewide more than 28,000 screenings and nearly 22,000 fluoride applications were provided at WIC (Women, Infant and Children) clinics- a federal public health setting.

If these settings were no longer considered allowable public health settings petitioner's stated high priority in "...ensuring adequate access to high-quality dental care for all Iowans, regardless of their socioeconomic status" would be immeasurably harder to achieve.

Perhaps adding more clarity to the questioned terms should be considered to initiate an improved strategy that ensures appropriate access, rather than eliminating these opportunities all together.

Please feel free to contact me if you have any questions.

Rick Kozin

Director of Public Health

IOWA STATE UNIVERSITY

Extension and Outreach

♦ ♦ ♦

400 Central Ave NW, Ste 700 Orange City IA 51041
Sioux County: 712-737-4230 Fax: 712-737-3590
www.extension.iastate.edu/farmmanagement

MELISSA R. O'ROURKE, B.S., M.A., J.D.
Farm & Agribusiness Management Specialist/Attorney
morourke@iastate.edu

December 19, 2014

COMMENT LETTER – IDA PETITION RE: Public Health Settings and Dental Hygienists

Christel Braness, Program Planner Email: Christel.Braness@iowa.gov
Iowa Dental Board
400 SW 8th St., Suite D
Des Moines, IA 50309

Dear Ms. Braness and Members of the Iowa Dental Board:

This letter is intended as a comment in opposition to the rule amendment to 650 IAC 10.5(1) proposed by the Iowa Dental Association (IDA). I serve on the board of Promise Community Health Center; and I am an attorney and full-time employee of Iowa State University Extension and Outreach (ISUEO) as a Farm & Agribusiness Management Specialist. In my work with rural Iowans, I am familiar with the oral health care needs of families living in small towns and rural areas, many of whom are employed on farms or agribusinesses.

The IDA's proposed amendment would have the effect of limiting the ability of dental hygienists to provide services in public health settings. I understand that the Board has already limited the ability of dental assistants to participate in providing services in public health settings. The IDA's proposal seeks to further protect territory that Iowa dentists believe should be set aside exclusively for them.

Dental hygienists (sometimes aided by dental assistants) have a history of providing quality oral health screenings and care to underserved Iowans in a variety of settings where dentists are rarely present. This has included (for example) school-based dental screenings and fluoride varnish applications (such as through the I-Smiles program), local health fairs, community health centers, and in local or regional correctional settings.

The Board's mission "is to ensure that **all Iowans** receive professional, competent, and safe dental health care of the highest quality." The reality is that much of Iowa is underserved in regard to oral health care. In our area, it is difficult to find a private-practice dentist willing to take on new patients particularly when the patient is poor, uninsured, and/or on Medicaid. When low-income Iowans are seen by a hygienist in a public health setting, they can find out if they have pressing dental needs and perhaps take advantage of fluoride varnish applications.

The Iowa Dental Board should be seeking ways to increase—not limit—access to dental health care for all Iowans—including low-income and high-risk populations. The Board should think creatively about expanding the ability of dental hygienists and assistants to increase dental care accessibility. Our neighbors in Minnesota have further increased dental care accessibility through the licensure and regulation of dental therapists—a program appearing to have positive results for increasing access to high-quality oral health care. See 2014 Report, *Early Impacts of Dental Therapists in Minnesota* at www.dentalboard.state.mn.us. Why is Iowa not moving in this direction?

In conclusion, the Board should be doing everything it can to increase access to dental health care. While the IDA's petition speaks of concerns about dental care being "provided safely," I cannot find a case where care to underserved populations by dental hygienists and assistants has resulted in harm to Iowans. The proposed amendment appears to be a solution in search of a problem where none exists. On behalf of Iowans who need increased access to dental care, I urge you to deny the IDA's petition.

Sincerely,

(signed) *Melissa R. O'Rourke*

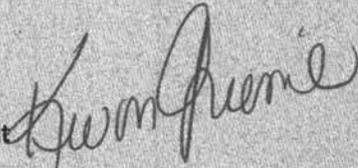
Melissa R. O'Rourke

SIouxLAND
DISTRICT HEALTH
DEPARTMENT

December 19, 2014

To: Iowa Dental Board

From: Kevin Grieme, Director – Siouxland District Health Department



RE: Petition for Rulemaking – Public Health Supervision Rules, Iowa Admin Code 650-10.5

This is to communicate my concern about the negative impact that the proposed rule change will have on the health and wellness of Woodbury County residents, specifically on children.

The proposed change to eliminate “and federal, state, or local public health programs” from Iowa Administrative Code 650 – 10.5 will dramatically decrease the opportunities that Woodbury County residents will have to access oral health services. Our at-risk populations who most rely on public health dental services will be left without critical dental screening, preventative and referral services.

Impacts:

1. WIC program – The Iowa Kids Count data (2012) documents that 41% of Woodbury County children between the ages of birth and 4 years old receive WIC services. These children are all offered oral health screenings and fluoride varnish as a part of this program. For FY14 88% of the children screened in WIC did not have a dentist so all were referred for services. With this proposed change, the Siouxland WIC-would no longer be an acceptable service delivery location.
2. Of the 1615 children that received oral health screenings through our public health programs in 2013-14, 29% were identified as having some evidence of decay that would necessitate referral to services provided by a Dentist. 100% of these children were referred to dentists within the county. If the proposed changes are enacted, these screening and referral services will not be available.
3. Oral health challenges can also have a negative impact on pregnant females. Allowing oral health issues to go unaddressed through the Maternal Health program will have a lasting impact on lifetime oral and physical health wellness. If the proposed changes are enacted, screening and fluoride varnish service will not be permitted, and the effected individuals will not be referred into additional dental services.
4. The I-Smile program is intended to assist in development of the dental health infrastructure in the state of Iowa. The infrastructure that is being developed is to support residents in accessing dental services, no matter where they live. Very little of the work in the I-Smile program is on direct services, but providing community education, and working with dental providers to improve access to their services. In addition to this, the I-Smile program works to assure that children have dental insurance to cover the expenses associated with services. The dental support and linking children to dentists would be lost if the proposed changes are approved.

I encourage the Iowa Dental Board to not approve the requested change that is outlined in the submitted petition. The Public Health system in the state of Iowa has diligently worked over the past 12 years to support residents in receiving dental services. One of the original challenges that was faced were the dental shortage areas across the state. We would be remiss to dismiss the role that Public Health and the I-Smile program played in working with the many Dentists in Iowa to reverse this issue.

ADMINISTRATION
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Fax (712) 255-2601

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(712) 279-6119
Fax (712) 255-2604

LABORATORY
(712) 279-6119
Fax (712) 234-3920

NURSING
(712) 279-6119
Fax (712) 255-2605

NUTRITION/WIC
(712) 279-6636
Fax (712) 255-2677



UnityPoint Health
Finley Hospital

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

Visiting Nurse Association - Clayton Co.
600 Gunder Rd. NE Suite #5
Elkader, IA 52043
office (563) 245-1145
or (800) 836-7867
fax (563) 245-2730
unitypoint.org

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DEC 19 2014

IOWA DENTAL BOARD

December 17, 2014

Dear Dental Board members,

As Director of Clayton County Visiting Nurse Association I am writing in regard to The Iowa Dental Association petition to the Iowa Dental Board to remove "federal, state, or local public health programs" from the allowable settings for public health supervision of dental hygienists.

Clayton County is a small rural county. We currently have no dentists willing to accept children with Medicaid as their payment source. At our WIC and Child Health clinics 96 % of our children ages 0-5 yrs. have Medicaid as their payment source for dental care. We do not have access to a Federally Qualified Health Center or any other community health center. We do have the Child Health Program funded through Title V. Through that program we have dental hygienists co-located at our local WIC Clinic. In that setting they are currently able to provide oral health screenings, education and fluoride varnish to children ages 0-5 years old on the WIC program and other Child Health Program eligible children 0-22 years old under the Public Health supervision agreement. The petition to remove federal, state or local public health programs from the allowable settings for public health supervision of dental hygienists would severely impact our county residents being able to access oral health services for their children.

I am strongly opposed to the petition to remove "federal, state, or local public health programs" from the allowable settings for public health supervision of dental hygienists as I believe it would have severe negative consequences for our children and families.

Sincerely,

Nancy Yelden RN

Director, Clayton Co. Visiting Nurse Association



418 S. Marion Street • Remsen, IA 51050 • 712-786-2001
www.midsioux.org

December 16, 2014

RECEIVED

DEC 19 2014

IOWA DENTAL BOARD

Christel Braness, Program Planner
Iowa Dental Board
400 SW 8th St., Suite D
Des Moines, IA 50309

Dear Ms. Braness:

I am writing in response to the Petition for Rulemaking sent to the Iowa Dental Board on behalf of the Iowa Dental Association. It is our understanding that the emphasis of this request is for open communication and input from all parties when an agreement for supervision is reached between a dentist and dental hygienist under the Public Health Settings definition.

I would offer the following for consideration:

- A) If there is a change and the use of Public Health Settings as a category is stricken, the potential for numerous requests for designation under the rule will take place. This will require additional time and costs for the dental board, involved parties, and tax payers.
- B) Currently, sites where W.I.C. (Women-Infants & Children's) clinics are held are considered public health settings under the rule. If the petition is granted, the Board should consider adding W.I.C. sites as allowable in order to prevent a loss of service to numerous low income families.
- C) The Iowa Dental Board has been given the challenge to interpret and implement regulations. Some flexibility on their part is necessary in order to evaluate the needs of Iowan's and implement services in the most cost effective manner possible. Part of the purpose of the Dental Board is to regulate dental services in Iowa.

Their purpose is stated on the Iowa Dental Board website:

"The Iowa Dental Board is a state agency charged with the overall responsibility for regulating the professions of dentistry, dental hygiene, and dental assisting in the state of Iowa."

Thank you for the opportunity to comment.

Respectfully,

A handwritten signature in black ink, appearing to read "Dick Sievers".

Dick Sievers
Executive Director

BEFORE THE IOWA DENTAL BOARD

Petition by Iowa Dental Association for)
amendment of 650 IAC 10.5(1) relating to)
definition of "public health settings")

**PETITION FOR
RULEMAKING**

1. Pursuant to 650 IAC section 7.1, the Iowa Dental Association ("Petitioner") hereby petitions the Iowa Dental Board (the "Board") for amendment of 650 IAC section 10.5(1) (the "Rule"), which sets forth the definition of "public health settings" for purposes of public health supervision of a dental hygienist by a dentist. Specifically, Petitioner asks the Board to amend the Rule to read as follows.

10.5(1) Public health settings defined. For the purposes of this rule, public health settings are limited to schools; Head Start programs; programs affiliated with the early childhood Iowa (ECI) initiative authorized by Iowa Code chapter 256I; child care centers (excluding home-based child care centers); federally qualified health centers; public health dental vans; free clinics; nonprofit community health centers; and nursing facilities; ~~and federal, state, or local public health programs.~~

2. Section 10.5 of the Board's rules authorizes a dentist and a dental hygienist to enter into a written agreement under which the dentist provides public health supervision over the dental hygienist when the hygienist provides services in specified public health settings. The dentist need not be physically present to supervise the services provided by the hygienist; but the dentist must be available to provide communication and consultation with the dental hygienist. The hygienist must only provide dental hygiene services pursuant to age- and procedure-specific standing orders from the dentist.

3. One of the Petitioner's top priorities is ensuring adequate access to high-quality dental care for all Iowans, regardless of their socioeconomic status. Access to dental care, however, should not be provided at the cost of compromised patient safety.

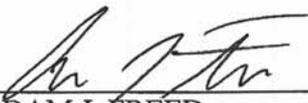
4. During its meeting on Friday, October 17, 2014, the Board took action to expand the scope of public health settings to include correctional facilities. This action, which the Board took without notice and without providing an opportunity for public comment, threatens to undermine the safety of patients. Petitioner has been advised that the legal basis upon which the Board relied for the action taken on October 17, 2014, is the provision in the Rule for "federal, state, or local public health programs." Petitioner disagrees with the Board's conclusion that the term "federal, state, or local public health programs" was intended to include dental care provided in Iowa correctional facilities. The Board's contrary interpretation highlights a significant problem with the language—the language is so vague as to render it effectively meaningless. The amendment proposed by Petitioner would strike this language from the Rule. By striking this vague catch-all language, the effect of the amendment would be to require the Board to provide notice and an opportunity for public comment any time it proposes to expand the scope of public health supervision to include additional public health settings.

5. Petitioner represents nearly ninety percent of all dentists practicing in the state of Iowa. Petitioner's member dentists have a significant interest in ensuring that dental care is provided to patients as safely as possible. The proposed amendment would ensure that future expansions of public health settings occur only after notice and an opportunity for public comment. As the professionals supervising the care provided in public health settings,

Petitioner's member dentists should have the opportunity to provide comment regarding whether dental care can be provided safely in any setting the Board proposes to add in the future.

6. Petitioner is the Iowa Dental Association, 8797 NW 54th Avenue, Suite 100, Johnston, Iowa 50131, (515) 331-2298. Petitioner's legal counsel is the undersigned, Adam J. Freed and Rebecca A. Brommel, 666 Grand Avenue, Suite 2000, Des Moines, Iowa 50309, (515) 242-2400. Official communications concerning this Petition should be directed to Petitioner's legal counsel.

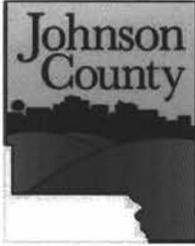
Dated this 3rd day of December, 2014.


ADAM J. FREED
REBECCA A. BROMMEL

BROWN, WINICK, GRAVES, GROSS,
BASKERVILLE AND SCHOENEBAUM, P.L.C.
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Des Moines, IA 50309-2510
Telephone: 515-242-2400
Facsimile: 515-283-0231
Email: freed@brownwinick.com
Email: brommel@brownwinick.com

ATTORNEYS FOR PETITIONER

Original hand delivered to Iowa Dental Board.



PUBLIC HEALTH

Douglas Beardsley, MPH
Director

Promoting Health. Preventing Harm.

December 19, 2014

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

RE: Petition for rulemaking to amend the public health supervision rules – Iowa Administrative Code 650—10.5.

Dear Board Members:

I would like to voice my strong opposition to petition filed by the Iowa Dental Association to amend the definition of “Public Health Settings” found at 650 IAC 10.5(1). The remedy which the petitioner is seeking, to address a very narrow concern, has such broad implications as to significantly disrupt educational and preventative oral health services to many of Iowa’s already underserved populations. If the petitioner objects to certain correctional facilities from being included in the definition of public health setting, then it is incumbent on the petitioner to provide more targeted language to address that specific concern. Eliminating “federal, state or local public health programs” from the definition of “Public Health Settings” will have a substantial negative impact on the ability of underprivileged Iowans to access quality preventative dental services.

Currently, registered dental hygienists must obtain a public health supervision agreement with a dentist when working in public health settings. This agreement allows the dental hygienist to perform services approved by the dentist without direct onsite supervision. The dentist only needs to be available for communication and consultation. The public health services agreement specifies: a) the actual location(s) where the dental hygienist may provide services; b) how communication and consultation will be maintained; c) how patient dental records will be maintained; and d) age and procedure-specific standing orders as directed by the supervising dentist for dental assessment/screening, sealants, fluoride varnish, oral prophylaxis, radiographs, and education. The agreement is reviewed biennially. The dental hygienist must complete and submit a summary report to the Oral Health Center of the Iowa Department of Public Health once per calendar year.

As the designated local public health agency for Johnson County, Johnson County, Johnson County Public Health (JCPH) provides gap-filing public health programs that utilize a dental hygienists. The I-Smile Program serves children to age 21 years and the Maternal Health Program serves pregnant and recently postpartum women. Services provided include dental

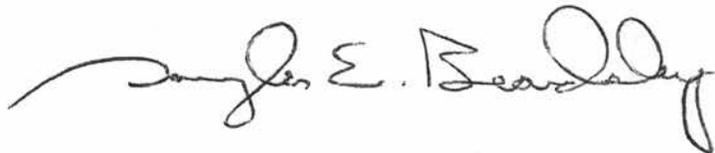
screenings, fluoride varnish applications, oral hygiene instruction, and referrals to dentists. JCPH provided 3,489 I-Smile dental hygiene services in FFY2014 and 3,243 services in FFY2013. There were 151 dental hygiene services provided to Maternal Health clients in FFY2014 and 273 services provided in FFY2013.

The public health programs provided by JCPH, in many cases, are the only means of dental care for these clients. In FY14 JCPH served 320 Johnson County children and 156 Iowa County children that did not have dental insurance. Approximately 70 uninsured school children in Johnson County were provided routine dental cleanings, screening and fluoride treatments last year. If local public health programs are eliminated from the definition of "Public Health Settings" these children will have nowhere to turn for these important preventative services. Local public health departments provide vital, gap-filling services to those without access elsewhere. There is neither the capacity nor the resources to provide these services outside of these public health programs.

In its petition to amend the definition of public health setting, the petitioner claims that the language is too vague as to render it effectively meaningless. If one accepts that claim, the converse would also be true. By removing the words in the definition as proposed, the effect would be so broad as to eliminate the majority of well-established and effective public dental hygiene programs in the State resulting in tens of thousands of low-income Iowans losing access to preventative dental services. If the petitioner is concerned with a specific scenario falling under the definition of a public health setting, it would be incumbent on the petitioner to provide a targeted and specific remedy rather than the "baby with the bathwater" resolution that has been proposed. Additionally, the petitioner voices concerns about the quality and safety of services provided in these public health settings, but provides no data or examples of how these services are inferior to hygiene services provided in other settings.

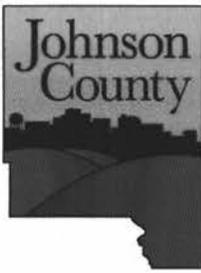
Local public health programs have enjoyed long-lasting effective relationships with dentists in Iowa to take preventive oral health programs to those with no access. I strongly encourage the Iowa Dental Board to preserve this history and reject the petition to redefine public health settings. I encourage open dialogue with all interested parties to accurately define the specific concerns about the location of dental hygiene practice in Iowa under public health settings, and address those very specific concerns in a targeted fashion.

Thank you for your consideration in this matter.

A handwritten signature in black ink, appearing to read "Douglas E. Beardsley". The signature is fluid and cursive, with a long horizontal stroke at the beginning and a large loop at the end.

Douglas E. Beardsley, MPH
Director

DEB



PUBLIC HEALTH

Promoting Health. Preventing Harm.

**DOUGLAS BEARDSLEY, MPH
DIRECTOR**

**Board of Health
Michael P. McLaughlin, PhD
Mary Jo Meggers, RN
Bonnie D. Rubin, CLS, MBA, MHA
Victoria Sharp, MD, MBA
Peter D. Wallace, MD, MS**

December 18, 2014

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

RE: Petition for rulemaking to amend the public health supervision rules – Iowa Administrative Code 650—10.5.

Dear Dental Board Members:

The Johnson County Board of Health (BOH) was recently made aware of a petition filed by the Iowa Dental Association to amend 650 IAC 10.5(1). Specifically, that proposed amendment would remove the words “federal, state, or local public health programs” from the definition of “Public Health Settings” found in that section. According to Section 10.5(1), public health settings also include schools, Head Start programs, programs affiliated with Early Childhood Iowa initiative, child care centers, federally qualified health centers, public health dental vans, and nursing facilities. The instigating event leading to the proposed amendment was the Iowa Dental Board’s interpretation to include correctional facilities as a public health program. The Iowa Dental Association is concerned with the vagueness of the words “federal, state, or local public health programs” as well as the safety of dental patients at correctional facilities. However, if the amendment were adopted, the ability of local health departments to provide quality gap-filling oral health services to persons who would otherwise have little or no access to those services elsewhere would be severely limited.

Therefore, the Johnson County Board of Health expresses its strong opposition to the amendment as proposed and encourages the Dental Board to continue to support the ability of dental hygienists to practice, under a public health supervision agreement, as currently interpreted.

Currently, registered dental hygienists must obtain a public health supervision agreement with a dentist when working in public health settings. This agreement allows the dental hygienist to perform services approved by the dentist without direct onsite supervision. The dentist only needs to be available for communication and consultation.

The public health services agreement specifies: a) the actual location(s) where the dental hygienist may provide services; b) how communication and consultation will be maintained; c) how patient dental records will be maintained; and d) age and procedure-specific standing orders as directed by the supervising dentist for dental assessment/screening, sealants, fluoride varnish, oral prophylaxis, radiographs, and education. The agreement is reviewed biennially. The dental hygienist must complete and submit a summary report to the Oral Health Center of the Iowa Department of Public Health once per calendar year.

There are 110 dental hygienists with public health supervision agreements in Iowa. Collectively, these hygienists provided nearly 40,000 dental referrals for regular care and nearly 7,000 referrals for urgent care for children age birth to 20 years in 2013. In Johnson County, Johnson County Public Health (JCPH – the designated local public health agency) provides two public health programs that utilize a dental hygienist. The I-Smile Program serves children to age 21 years and the Maternal Health Program serves pregnant and recently postpartum women. Services provided include dental screenings, fluoride varnish applications, oral hygiene instruction, and referrals to dentists. JCPH provided 3,489 I-Smile dental hygiene services in FFY2014 and 3,243 services in FFY2013. There were 151 dental hygiene services provided to Maternal Health clients in FFY2014 and 273 services provided in FFY2013.

The public health programs provided by JCPH are the only means of dental care for many residents in the JCPH service area of Johnson and Iowa Counties. In FY14 JCPH served 320 Johnson County children and 156 Iowa County children that did not have dental insurance. Approximately 70 uninsured school children in Johnson County were provided routine dental cleanings, screening and fluoride treatments last year. If local public health programs are eliminated from the definition of “Public Health Settings” these children will have nowhere to turn for these important preventative services. Local public health departments provide vital, gap-filling services to those without access elsewhere. There is neither the capacity nor the resources to provide these services outside of these public health programs.

In its petition to amend the definition of public health setting, the petitioner claims that the language is too vague as to render it effectively meaningless. If one accepts that claim, the converse would also be true. In other words, by removing the words in the definition as proposed, the effect would be so broad as to eliminate many well-established and effective public dental hygiene programs in the State resulting in tens of thousands of low-income Iowans losing access to preventative dental services. If the petitioner is concerned with one scenario falling under the definition of a public health setting, it would be incumbent on the petitioner to provide a more targeted and specific remedy rather than the “baby with the bathwater” resolution that has been proposed.

Local public health programs have enjoyed long-lasting effective relationships with dentists in Iowa to take preventive oral health programs to those with no access. The Johnson County Board of Health strongly encourages the Iowa Dental Board to preserve this history and reject the petition to redefine public health settings. We further encourage open dialogue with all interested parties to accurately define the specific concerns about the location of dental hygiene practice in Iowa under public health settings, and address those very specific concerns in a targeted fashion.

Thank you for your consideration in this matter.

Approved by the Johnson County Board of Health, December 18, 2014
Peter D. Wallace, MD, MS, Chair

Address inquiries to:
Douglas E. Beardsley, Director
Johnson County Public Health
855 S. Dubuque Street, Suite 217
Iowa City, IA 52240

December 18, 2014

Ms. Jill Stueker, Executive Director
Iowa Dental Board
400 SW 8th Street, Suite D
Des Moines, IA 50309-4686

Dear Ms. Stueker:

We write to comment on the Iowa Dental Association's petition to amend 650 IAC section 10.5(1), which defines public health settings for the purposes of public health supervision of a dental hygienist by a dentist.

In the petition, the Iowa Dental Association disagreed with the Board's action to expand the definition of public health settings to include correctional facilities without public comment and uses this as a basis for arguing for removal of reference to "federal, state, or local public health programs." Their concerns about the lack of opportunity for public comment should be addressed separately with the board, or through the channels offered by the administrative rules process. The petition arbitrarily alters the public health supervision rules as a means of managing the Board's rulemaking process. The petition provides no evidence of how the proposed changes will increase patient safety, but instead, will reduce access to preventive oral health services provided to underserved Iowans.

Delta Dental of Iowa and its Foundation are committed to supporting initiatives that improve the oral health of Iowans. We are concerned the proposed changes to the rules unnecessarily restrict the settings where public health hygienists can provide preventive oral health services. The proposed restrictions will likely result in decreased access to oral health services and poorer oral health status for many of the most vulnerable Iowans.

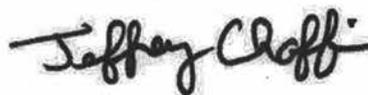
In 2012, the Delta Dental of Iowa Foundation announced a long term, strategic vision to improve the oral health of Iowa's children and older adults. The Foundation's 2020 goals are 1.) Children ages 0-12 (300% FPL and below) are cavity free and 2.) Every Iowa nursing home resident and homebound elderly person has access to oral health care. Increasing access to oral health care in a variety of settings that maintain quality of care is critical to achieve better oral health outcomes. Access to screenings and preventive care in various federal, state, and local public program settings, are important to assure low-income children and Iowa seniors, have an opportunity to improve or maintain their oral health.

Thank you for considering our comments.

Sincerely,



Suzanne Heckenlaible
Vice President, Public Affairs
Delta Dental of Iowa



Jeff Chaffin, DDS, MPA, MBA, MHA
Vice President & Dental Director
Delta Dental of Iowa



DEC 18 2014

RIVER HILLS
COMMUNITY HEALTH CENTER

12/16/2014

Dr. Ed Dye
River Hills Community Health Center
201 S. Market Street
Ottumwa, IA 52501

Iowa Dental Association
P.O. Box 31088
Johnston, IA 50131-9428

Greetings,

I am writing to you to express my concerns and displeasure that the IDA has submitted a petition to remove "federal, state, or local public health programs" from the allowable settings for public health supervision of dental hygienists.

We have worked closely with local programs that are dependent upon a hygienist that is under a public health supervision. Many of the programs will not exist in the future without a hygienist leading them.

If this petition goes through it will cause a great detriment to the oral health care and oral health access of my community.

Thanks,

Dr. Ed Dye
Associate Dentist
River Hills Community Health Center
201 S. Market Street
Ottumwa, IA 52501

Iowa Dental Association,

This letter is to support our Hygienists in the state of Iowa to continue to provide critically important care to mothers and children via the WIC clinics via Public Health Supervision. I am the Dental Director of River Hills Community Health Center that treats 8 counties in SE Iowa, and I can say that having this assistance with our I-Smile Coordinator in our service area has greatly improved the oral health of Iowans in our area of the state! We have received many direct referrals from the WIC clinic that helps high risk and high need patients with a "Dental Home" so that they could receive preventive care and disease control treatment. Without the ability of our I-Smile Coordinator to do the great work she is doing, I am confident that these high risk, high needs patients would fall through the cracks and ultimately have lower oral health outcomes. As such, the State would end up footing a MUCH larger bill when these patients need escalate.

We also partner with our I-Smile Coordinator on our local Schools Sealant Program and she plays a critical role in our success with that program!! With her help, via PHSA we have provided thousands of preventive services to young kids at high risk with high needs and have improved the long term outcomes in their oral health.

I would be disgusted if the IDA makes a critical error in supporting the removal of the ability of individuals like our I-Smile Coordinator to provide these essential services! My membership would be pulled immediately, as well as my colleagues in the Community Health community. Thank you for your attention to this matter and thank you for your support of the oral health needs of Iowans!

Ken Jones DDS

Dental Director, River Hills Community Health Center

Ottumwa IA, 52501

A handwritten signature in black ink, appearing to read 'Ken Jones', with a long horizontal flourish extending to the right.

DEC 18 2014

RECEIVED

DEC 18 2014
12/12/2014

IOWA DENTAL BOARD

Christel Braness, Program Planner

Iowa Dental Board

Dear Ms. Braness:

As a member of the Board of Mid-Sioux Opportunity, Inc. I have been made aware of the petition from the Iowa Dental Association to remove federal, state, or local public health programs from the allowable setting for public health supervision of dental hygienists. This petition would prevent Mid-Sioux hygienists from providing services at WIC clinics.

In Mid-Sioux's five county service area, only 53% of the eligible children who are enrolled in Medicaid, received any dental services in FY '13. Providing services at WIC clinics allows children to receive a preventive oral health service and also provides the family with a support system that can assist them in making dental appointments at a local dental office.

Please include WIC clinics as allowable sites for dental hygienists to provide services.

Thank you for your consideration.

Sincerely,



Evelyn Baldwin

912 S Greene St.

Rock Rapids, IA 51246

Pottawattamie County WIC Program

300 West Broadway
Suite 9
Council Bluffs, IA 51503

Phone: 712.328.5886
Fax: 712.328.5810
kris.wood@pottcounty.com



12/18/2014

Dear Iowa Dental Board:

I am writing to ask that you do NOT change the supervision status of Dental Hygienists offering services in "federal, state or local public health programs" that the Iowa Dental Association has petitioned for in amendment 650 IAC section 10.5(1). As a WIC coordinator we rely on access to dental hygienists as families are not always able to find a dentist to serve them if they have Medicaid for a payment source. I know from my previous WIC experience in Central Iowa covering 8 mostly rural counties access to dental services is extremely difficult to almost impossible for families using Medicaid. I am sure that this requirement for supervision would make these public health services cost prohibitive and access to dental care even scarcer than it already is since dentists are not compelled to serve low income or Medicaid recipients and in many areas of the State these families cannot access dental services at all. The dental hygienists that I have worked with at our WIC clinics have had great relationships with local dentists and work with them to provide referrals to dentists willing to accept referrals. If you have any questions feel free to call at 712-328-5886.

Regards,

Kristine Wood, MS, RDN, LD

Kristine Wood, MS, RDN, LD
WIC Program Coordinator

December 17, 2014

Bureau of Oral and Health Delivery Systems
Iowa Department of Public Health
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319
FAX 515.242.6384

Clinton Dental Associates
314 Third Avenue South
Clinton, Iowa 52732
FAX 563.242.5044

Dear Iowa Department of Public Health:

It is my firm opinion that removing "federal, state, or local public health programs" from allowable settings for public health supervision of dental hygienists would be an immense step backwards for Iowa.

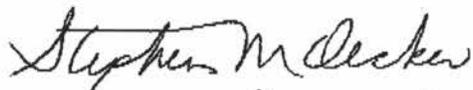
It is my personal experience that dental hygienists who provide this service in our community are, for the most part, volunteers. Therefore, saving Iowa taxpayers money is one very good reason for my opinion.

I am also certain that there is no viable alternative to fill these positions as provided by the dental hygienists. Consequently, removing dental hygienists from the aforementioned positions is not clearly planned.

I am in close communication with dental hygienists and believe they provide a much needed service in the "loop holes" of oral hygiene care which dental hygienists are highly trained to provide, in areas where dentists do not have time to serve.

Lastly, there have been no deleterious effects of how the Public Health Supervision Agreements have been functioning. I see no reason to change what has taken many man hours to accomplish for the dentally underserved citizens in the state of Iowa

Respectfully,



Iowa License 72.23

RECEIVED

DEC 17 2014

IOWA DENTAL BOARD

Iowa Dental Board,

This letter is to support our Hygienists in the state of Iowa to continue to provide critically important care to mothers and children via the WIC clinics via Public Health Supervision. I am the Dental Director of River Hills Community Health Center that treats 8 counties in SE Iowa, and I can say that having this assistance with our I-Smile Coordinator in our service area has greatly improved the oral health of Iowans in our area of the state! We have received many direct referrals from the WIC clinic that helps high risk and high need patients with a "Dental Home" so that they could receive preventive care and disease control treatment. Without the ability of our I-Smile Coordinator to do the great work she is doing, I am confident that these high risk, high needs patients would fall through the cracks and ultimately have lower oral health outcomes. As such, the State would end up footing a MUCH larger bill when these patients need escalate.

We also partner with our I-Smile Coordinator on our local Schools Sealant Program and she plays a critical role in our success with that program!! With her help, via PHSA we have provided thousands of preventive services to young kids at high risk with high needs and have improved the long term outcomes in their oral health.

I would be disgusted if the Iowa Dental Board makes a critical error in the removal of the ability of individuals like our I-Smile Coordinator to provide these essential services! Thank you for your attention to this matter and thank you for your support of the oral health needs of Iowans!

Ken Jones DDS

Dental Director, River Hills Community Health Center

Ottumwa IA, 52501

A handwritten signature in black ink, appearing to read 'Ken Jones', written in a cursive style.



RIVER HILLS
COMMUNITY HEALTH CENTER
IOWA DENTAL BOARD

RECEIVED

DEC 17 2014

12/16/2014

Dr. Ed Dye
River Hills Community Health Center
201 S. Market Street
Ottumwa, IA 52501

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

Greetings,

I am writing to you to express my concerns and displeasure that the IDA has submitted a petition to remove "federal, state, or local public health programs" from the allowable settings for public health supervision of dental hygienists.

We have worked closely with local programs that are dependent upon a hygienist that is under a public health supervision. Many of the programs will not exist in the future without a hygienist leading them.

If this petition goes through it will cause a great detriment to the oral health care and oral health access of my community.

Thanks,

Dr. Ed Dye
Associate Dentist
River Hills Community Health Center
201 S. Market Street
Ottumwa, IA 52501

12-16-14

To whom it may concern,

I am writing to oppose the removal of the phrase "federal, state or local public health programs" from the allowable setting for public health supervision of dental hygienists.

I work in public health as a dental hygienist for the Clayton County VNA and the bulk of my work goes through seeing clients at WIC clinics. This appears to directly impact my ability to provide education, screening and referral assistance. I screen and provide fluoride varnish and help mothers and pregnant women navigate the processes to get Medicaid insurance. Prevention is a key piece of what we do and that is healthier and more cost effective than waiting for problems to occur. Every dollar spent for prevention is to 8 to 50 dollars per procedure spent for fixing problems after they occur. Not many dentists in our area accept our clients so prevention is key to better health.

Please consider what looks like a simple sentence to strike would do to the health of a great many lowans.

Sincerely,

Celeste Strong, RDH

December 17, 2014

Bureau of Oral and Health Delivery Systems
Iowa Department of Public Health
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319
FAX 515.242.6384

Clinton Dental Associates
314 Third Avenue South
Clinton, Iowa 52732
FAX 563.242.5044

Dear Iowa Department of Public Health:

It is my firm opinion that removing "federal, state, or local public health programs" from allowable settings for public health supervision of dental hygienists would be an immense step backwards for Iowa.

It is my personal experience that dental hygienists who provide this service in our community are, for the most part, volunteers. Therefore, saving Iowa taxpayers money is one very good reason for my opinion.

I am also certain that there is no viable alternative to fill these positions as provided by the dental hygienists. Consequently, removing dental hygienists from the aforementioned positions is not clearly planned.

I am in close communication with dental hygienists and believe they provide a much needed service in the "loop holes" of oral hygiene care which dental hygienists are highly trained to provide, in areas where dentists do not have time to serve.

Lastly, there have been no deleterious effects of how the Public Health Supervision Agreements have been functioning. I see no reason to change what has taken many man hours to accomplish for the dentally underserved citizens in the state of Iowa

Respectfully,

Christina Golden RDH

Braness, Christel [IDB]

From: Carol Klocke <klockec@mercyhealth.com>
Sent: Thursday, December 11, 2014 1:48 PM
To: Iowa Dental Board [IDB]
Subject: RE: Iowa Administrative Code 650-10.5

Here is the amended statement. Thank you for catching my mistyped sentence. I am in favor of allowing hygentists in federal, state, or local public health programs . thanks!
Carol

Carol Klocke, RN, BSN

Director of the
Salvation Army Adult Day Health Center
747 Village Green Dr
Mason City, IA 50401
641-424-0800
www.saadultday.org

From: Iowa Dental Board [IDB] [mailto:IDB@iowa.gov]
Sent: Thursday, December 11, 2014 1:38 PM
To: Carol Klocke
Subject: RE: Iowa Administrative Code 650-10.5

Could you please provide a little more clarification on your position on the petition to change Iowa Administrative Code 650—10.5?

The reason I ask is that you state that you are in favor of the petition; however, you also indicate that the public health dental programs do well to provide these services. From what I understand, a number of dental public health programs rely on the current language in Iowa Administrative Code 650—10.5 to provide these services, as they fall within federal, state or local public health programs.

I just wanted to be sure that we fully understood your position prior to forwarding your comments to the board for consideration. Thank you.

Christel Braness, Program Planner

Iowa Dental Board
400 SW 8th St., Suite D
Des Moines, IA 50309
Phone: 515-242-6369; Fax: 515-281-7969; www.dentalboard.iowa.gov

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From: Carol Klocke [mailto:klockec@mercyhealth.com]
Sent: Wednesday, December 10, 2014 11:47 AM
To: Iowa Dental Board [IDB]
Subject: Iowa Administrative Code 650—10.5

I support the petition to **not** remove "federal, state, or local public health programs" from the allowable settings for public health supervision of dental hygienists.

Iowa's public health dental programs have made great strides in getting low-income children into regular dental care. These programs, which hinge upon the dental hygiene staff working under the public health supervision of dentists, are often the only avenue for children to enter into the oral health care system. This staff spends a significant amount of time and effort working with parents, gaining their trust and arranging appointments with dental offices in the north Iowa area. Without the expertise and skills of these staff members, many of Iowa's low income children and families will easily slip through the cracks and be "lost" to the entire dental care system.

Thanks for your work in improving the dental care in Iowa.
Carol Klocke

Carol Klocke, RN, BSN

Director of the
Salvation Army Adult Day Health Center
747 Village Green Dr
Mason City, IA 50401
641-424-0800
www.saadultday.org

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Braness, Christel [IDB]

From: Diane Olson <pdwolson@yahoo.com>
Sent: Sunday, December 14, 2014 9:38 PM
To: Iowa Dental Board [IDB]
Subject: Regarding the dental proposal

To Whom it may concern:

I would like to ask you to please consider leaving the proposal as is. There needs to be room for growth in dental hygiene not more limitations. Thank you for leaving this as is.

Sincerely,

P. Diane Olson, RDH

Sent from my iPhone

Braness, Christel [IDB]

From: Brenda Platz <bplatz25@gmail.com>
Sent: Sunday, December 14, 2014 1:12 PM
To: Iowa Dental Board [IDB]
Subject: Opposition to petition for amendment of 650 IAC 10.5

To the Iowa Dental Board,

I am writing in opposition of the Petition by Iowa Dental Association for amendment of 650 IAC 10.5(1) relating to definition of "public health settings."

This petition is unnecessary and will limit where dental hygienists with public health supervision contracts can be utilized thereby reducing preventive care to the individuals who need it most.

In our ever-changing healthcare delivery system, the current terminology is broad, allowing hygienists to serve in future settings as they become needed. It would waste the Iowa Dental Board's valuable time if they had to approve each and every new setting that comes along.

The current public health settings definition does not threaten to undermine the safety of patients. Hygienists enter a collaborative agreement with a dentist under a Public Health Supervision contract. Each party agrees to what services will be provided. The ISmile program has been employing hygienists working with Public Health Supervision contracts and the annual reports filed since the ISmile program began prove hygienists are safely and effectively contributing to the improvement of health in Iowa children.

Again, I oppose this petition.

Sincerely,

Brenda Platz, RDH
503 Plum Street
Solon, Iowa 52333

Braness, Christel [IDB]

From: Amy Groomes <groomesa@yahoo.com>
Sent: Sunday, December 14, 2014 12:52 PM
To: Iowa Dental Board [IDB]
Subject: Public health supervision petition.

As a new hygienist, I look forward to the time when I can utilize the public health supervision laws and be able to help more people. It should not matter where a hygienist is treating patients under the public health supervision contract, what matters is that a dentist is still aware and available for the hygienist.

Thanks,
Amy Casey

Sent from my iPhone

Braness, Christel [IDB]

From: Susan <susanapohl@gmail.com>
Sent: Thursday, December 11, 2014 2:42 PM
To: Iowa Dental Board [IDB]
Subject: Scope of practice of dental hygienists

Iowa Dental Board

I am a former employee of the Iowa Department of Public Health where I was a nutrition consultant with The Special Supplemental Nutrition Program for Women, Infants and Children(WIC). As such, I am keenly aware of the high need for dental care that is seen in children whose families fall under the scope of that program. These children are also frequently enrolled in Medicaid. It seems that in Iowa there is a shortage of dentist and that dentists often have a hard time fitting Medicaid-eligible children into their practice. We also know that these same children are in dire need of preventive care. The I-Smile Program, administered through the IDPH and Child Health Programs and often held in conjunction with WIC clinics, is one way that children can receive this preventive care when Dental Hygienists are working under the guidance of a dentist. Unfortunately, there is a petition to stop access to this care through the removal of a phrase from Iowa Administrative Code 650 -10.5 The proposed language would removed "federal, state, or local public health programs" from the allowable settings for public health supervision of dental hygienists.

This would be a very unfortunate change in the Iowa Administrative Code and I urge you to deny this change.

Yours sincerely

Susan Pohl, MS, RD



This email is free from viruses and malware because avast! Antivirus protection is active.

Braness, Christel [IDB]

From: Danielle Pettit-Majewski <dpettitmajewski@washph.com>
Sent: Wednesday, December 10, 2014 10:38 AM
To: Iowa Dental Board [IDB]
Subject: concerns about changing the definition of "public health settings"

I have strong concerns about the Petition of the Iowa Dental Association (IDA) for amendment of 650 IAC 10.5(1) relating to the definition of "public health settings" to remove "federal, state, or local public health programs" from the definition.

With this change, WIC, or Women, Infant and Children's Clinic options would be eliminated as it is considered a federal public health program. Our WIC clinics coordinate with our Maternal Child Health (MCH) program to provide all available services to the children and families in one location. During WIC clinics, children and pregnant women are able to receive oral health screenings by a registered dental hygienist. The RDH is then able to coordinate treatment by a dentist if caries or a dental emergency is discovered. Removing this option would be a missed opportunity. In our area, our dental community doesn't serve Title 19 clinics without our intervention. We have to coordinate to get clients into a Community Health Clinic in adjacent counties or send them to the University of Iowa for treatment. Without this initial screening, the oral health issues of the population we serve would take longer to discover and ultimately lead to poorer health outcomes for this population.

Another local public health program that would suffer is our Access program. Our Access program provided safety net dental care to underserved child and maternal health clients. Our RDH had an agreement to provide gap-filling services to this population. Prior to sending them on for a dental referral, our RDH would provide a cleaning and then send them on to a dentist for further treatment. Our dentists, who don't accept Title 19 clients, were willing to each take 2 clients per month after the patients went through our program. This program was so successful in getting clients into dental homes that we have ceased to have the need to provide gap-filling services in our community. It is because we were able to provide services in a local public health setting that we were able to get clients with income, insurance, and transportation barriers into a dental home.

I understand the IDA's concern with patient safety, but I also urge the IDA to take into consideration the missed opportunities for dental care that would occur should the definition of public health settings be altered so drastically.

Thank you for your consideration.

Danielle Pettit-Majewski BS, MPH
Administrator
Washington County Public Health & Home Care
110 N Iowa Ave, Ste 300
Washington, IA 52353
Phone: 319-653-7758, ext 109
Fax: 319-653-6870

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Public Health
Prevent. Promote. Protect.

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DEC 15 2014

Page County Public Health
1208 W. Nishna Rd
Shenandoah, Iowa 51601
712-246-2332

December 10, 2014

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

Dear Board:

It has come to our attention that the Dental Board has received a petition to amend the public health supervision rules – Iowa Administrative Code 650-10.5 to remove “federal, state or local public health programs” from the allowable settings for public health supervision for dental hygienists. Before you make your decision please consider the following information.

Page County, Iowa has approximately 880 children under the age of 5 whom need to have dental services before they enter school. Our Dental Hygienist attends our immunization clinics once a month educating parents and screening children. We also have a large population of citizens whom still use well water and small towns whom do not provide Fluoridated water, thus leaving our population at risk for dental caries. Our Dental Hygienist provides education and referrals for families in need and is a great asset to our community.

Thank you for carefully considering this data when weighing your decision and how it will affect the oral health services for these children.

Wendy Moyer RN
Page County Public Health Coordinator

RECEIVED

DEC 11 2014

IOWA DENTAL BOARD

December 10, 2014

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

Dear Members of the Board:

I am a member of the Taylor County Public Health Board. Our administrator informs me that the Iowa Dental Board has received a petition for an amendment that would disallow a dental hygienist to provide services to federal, state and local public health programs.

Our Public Health Administrator compiled the figures for the four counties our dental hygienist serves and the numbers are staggering. We are in counties where these children will not be served if they do not have access to public health services.

I understand that the Iowa Dental Association feels Public Health is taking away their clients, but believe me, clients who use WIC, child care centers, health fairs or preschools will not be in private dentist offices to receive their services.

When our dental hygienist reports to our board, she informs us each time that the number of families using her services is increasing. This is a good thing. Children who need early dental services are getting the help they need. As Taylor County Public Health has prioritized which services are most important in the county, this came to the top recently. Now you are being asked to pass an amendment that would scale this service back. Not good.

Please consider the numbers that are listed on a letter from Mike Schweitzer, who is the president of the Taylor County Public Health Board and make a decision based on the need of the people in our county.

Sincerely,



Diane G. Ware, Public Health Board Member



Public Health
Prevent. Promote. Protect.
Taylor County Public Health Agency
405 Jefferson St., Bedford, IA 50833
(712) 523-3405 (800) 425-0051
taylorcountyhealth.com

RECEIVED
DEC 11 2014
IOWA DENTAL BOARD

December 9, 2014

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

Dear Board:

It has come to our attention that the Dental Board has received a petition to amend the public health supervision rules – Iowa Administrative Code 650-10.5 to remove “federal, state or local public health programs” from the allowable settings for public health supervision for dental hygienists.

Before you make your decision please consider the data outlined below. This data is from our FFY 14 year-end report, gleaned for our Child Adolescent Reporting Systems (CAREs). This describes children who have received oral health services through our Title V Maternal Child Health program including our Dental Hygienist operating under the current public health supervision for dental hygienist guidelines.

**Oral Health Services by the Numbers for
Fremont, Montgomery, Page & Taylor Counties**

814 dental screenings were provided to children in our service area.

450 dental screenings were provided to children 5 years old or younger.

431 fluoride varnish applications were provided for children 5 years old or younger.

297 of the 681 children served age 1-5 years old report having a dental home. These means 394 children have not seen a dentist in the last twelve months.

300 children age 1-5 years old report their dentist won't see children under 4 years old.

94 children age 1- 5 years old had active tooth decay.

332 children age 1-5 years old were assessed at moderate risk for developing oral health concerns.

82 children age 1-5 years old were assessed as high risk for developing oral health concerns

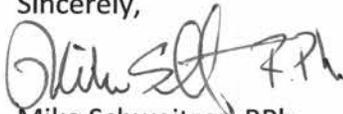
41% of the people we serve have Medicaid health insurance.

Per our phone survey in 2013, we have 5 dentists that will accept Medicaid. Of those 5, 4 will not see children under 4 years old.

According to the 2013 Quick Facts, there are 2186 children under the age of 5 in our four county service area.

Thank you for carefully considering this data when weighing your decision and how it will affect the oral health services for these children who were served through public health programs such as WIC, child care centers, health fairs or preschools.

Sincerely,

A handwritten signature in black ink, appearing to read "Mike Schweitzer". The signature is stylized and includes a large initial "M" and "S".

Mike Schweitzer, RPh

Taylor County Board of Health Chair

BEFORE THE IOWA DENTAL BOARD

Petition by Jessie Martin for the } PETITION FOR
Waiver of 650 IAC 22.4 (3) }
Relating to requiring radiography course of study
to be taken within 2 years of application

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.

Jessie Martin
4275 NE 26th St
Des Moines, IA 50317

Home Phone: 515/266-6276
Annlemae8@gmail.com

2. I am requesting a waiver of 650 Iowa Administrative Code subrule 22.4 (3) which requires that applicants for dental radiography qualification to provide evidence of successful completion, with the previous 2 years, of board-approved course of study in the area of dental radiography. In lieu of, I completed dental assisting training at Vatterott Community College December 2009. I also passed the Board exam in Dental Radiography the same year.

3. Describe the specific waiver requested, including the precise scope and time period for which the waiver will extend: I am requesting a waiver of 650 Iowa Administrative Code subrule 22.4 (3) which requires that applicants for dental radiography qualification to provide evidence of successful completion, with the previous 2 years, of a board approved course of study in the area of dental radiography. In lieu of 22.4(3), I would like the board to accept the following: Course at Vatterott Community College August 2008–December 2009, Des Moines, Iowa. I would like the Board to accept my passing scores in dental radiography taken on 12/18/09. I have done all the testing required by the board and paid for this all on my own at great expense.

In addition, I, Jessie Martin, have completed the dental radiography board exam.

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. Compliance with the rule would impose an undue hardship caused by the time, expense, and unnecessary requirement to repeat a dental radiography course when I have already demonstrated that I am qualified in the area of radiography. I have demonstrated competency in this area by passing a radiography examination December 2009.

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 I possess the knowledge and ability to perform all tasks required by a dental assistant. 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 650-22.4(3).

d. Substantially Equal Protection of the Public Health, Safety, and Welfare has been Afforded by. The subrule that I am requesting a waiver from helps to ensure that I am requesting a waiver that ensures that dental assistants who want to take x-rays have recently completed (within 2 years of application) a board-approved course of study in the area of radiography. My particular background, education, and training demonstrate that I have met this requirement for registration.

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

- I have been working with Janet Arjes, Executive Officer, at the Iowa Dental Board.

6. Information related to the Board's action in similar cases. I reviewed the Board minutes online and Kelly Scott and Cassie Bunkers have been the subject of a similar rule waiver.

7. There is no other public agency or political subdivision that regulates dentistry in Iowa.

8. I am 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. None listed.

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.

Jessie Martin
Petitioner's signature

12-5-14
Date

BEFORE THE IOWA DENTAL BOARD

Petition by Mackenzie Meyer }
 for the waiver of 650 IAC 11.7(b) } PETITION FOR WAIVER
 relating to Local Anesthesia }

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: Mackenzie Meyer
 Address: 1032 Ellis Blvd. NW Cedar Rapids IA 52404
 Work Telephone: 319.396.3282
 Home Phone: 309.371.4650
 Cell phone, if desired: Home phone is cell phone.
 Email: mmeyer@aspen dental.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
training within 12 (twelve) months of licensure.
 In lieu of 12 months or less

I would like the board to accept the following: less than 24 months
since formal training at Carl Sandburg College.
 (List specific training at accredited schools or other relevant information).

(Below, list any additional relevant information)

In addition, I do have permission from coworkers to
practice local anesthesia after obtaining my license
and renewing previous course work.

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. It is extremely rare to find a college offering a course in local anesthesia to anyone outside of their dental program. It is also very costly.

(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 It has been less than 24 (twenty-four) months since my formal training. I have kept up with my knowledge in injection sites, LA maximums, etc.

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 the practicing hygienist taking CE courses in local anesthesia + keeping up with new techniques + technologies.

The subrule that I am requesting a waiver from helps to ensure that _____

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

I spoke with someone named Christel Branness who helped me get the necessary paperwork to apply for a rule waiver.

6. Information related to the board's action in similar cases: I am not aware of specific cases similar to mine granted in the past.

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.

Dr. Shachundra Bahader: 2315 Edgewood Rd.
SW. Suite 160 Cedar Rapids IA 52404 (current
employer) attached is a letter written to attest
my clinical abilities.

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.

M. Meyer RDH
Petitioner's signature

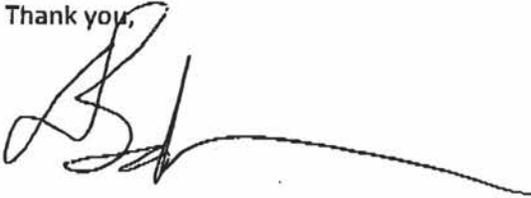
12.4.14
Date

To Whom It May Concern:

Mackenzie Meyer has been a part of our dental team in Cedar Rapids, IA for over a year and has been the only dental hygienist in our office during that time. Mackenzie keeps up with new techniques and materials in the dental field by taking advantage of the many CE courses offered to her through our company. Mackenzie has also assisted me while giving local anesthesia to maintain her knowledge of injection sites, carpule maximums, etc.

Allowing the rule waiver for Mackenzie would not be dangerous to the public as it has not been over 2 years since she took the course in local anesthesia and she has maintained the knowledge needed to give local anesthesia to patients.

Thank you,



Dr. Shachindra Bahadur, DDS, PC
2315 Edgewood Road SW, Ste. 160
Cedar Rapids, IA 52404
P: 3193963282
F: 3193964171

IOWA DENTAL BOARD BUDGET PROJECTIONS FY2015

November 25, 2014

IDB PROJECTED FY'15 INCOME (All Sources):	<u>Original Projection</u>	<u>Updated Projection</u> <u>11/25/14</u>	
Fees	\$ 746,000.00	\$ 756,218.00	Based on historical information for DDS renewal years. FY'09 = \$720,070 FY'11 = \$734,769; FY'13 = \$782,825
Fees (\$8.2)	\$ 70,000.00	\$ 70,000.00	Based on 3 yrs. Historical: FY'09 = \$67,333 , FY'11 = \$73,891 FY'13 = \$67,638
User Fees - Online Payment Costs, EA&A	\$ 25,000.00	\$ 25,000.00	
FY2015 Start-up	\$ 71,000.00	\$ 71,000.00	
Carryover (From FY2014)	\$ 263,141.00	\$ 316,384.00	
TOTAL:	\$ 1,175,141.00	\$ 1,238,602.00	

EXPENSES:

<u>Class</u>	<u>FY15 (Original) Projection</u>	<u>FY15 (Updated) Projection</u> <u>11/25/14</u>
101 - Personal Services	\$ 654,593.00	\$ 654,593.00
202 - In State Travel	\$ 10,500.00	\$ 10,500.00
203 - State Vehicle Operation	\$ 4,500.00	\$ 4,500.00
204 - State Vehicle Depreciation	\$ 10,000.00	\$ 10,000.00
205 - Out of State Travel	\$ 6,000.00	\$ 6,000.00
301 - Office Supplies	\$ 10,000.00	\$ 10,000.00
309 - Printing & Binding	\$ 10,000.00	\$ 10,000.00
313 - Postage	\$ 15,000.00	\$ 15,000.00
401 - Communications	\$ 10,500.00	\$ 10,500.00
402 - Rent	\$ 50,200.00	\$ 50,200.00
405 - Professional & Scientific Services	\$ 5,000.00	\$ 5,000.00
406 - Outside Services	\$ 2,500.00	\$ 2,500.00
407 - Intrastate Transfers	\$ 2,600.00	\$ 2,600.00
409 - Outside Repairs	\$ 1,000.00	\$ 1,000.00
414 - Reimbursement to Other Agencies	\$ 21,000.00	\$ 6,000.00
416 - ITD Reimbursement	\$ 32,000.00	\$ 40,000.00
418 - IT Outside Services	\$ 1,000.00	\$ 1,000.00
432 - AG Reimbursement	\$ 27,000.00	\$ 27,000.00
433 - Auditor Reimbursement	\$ 3,500.00	\$ 3,500.00
434 - Gov't Fund Transfers (Agencies)	\$ 3,100.00	\$ 18,100.00
501 - Equipment	\$ 600.00	\$ 600.00
502 - Office Equipment	\$ 4,500.00	\$ 4,500.00
503 - Equipment Non-Inventory	\$ 50.00	\$ 50.00
510 - IT Equipment & Software	\$ 55,000.00	\$ 110,461.00
601 - Claims (Carryover)	\$ 71,000.00	\$ 71,000.00
602 - Other Expenses & Obligations	\$ 163,998.00	\$ 163,998.00
Total:	\$ 1,175,141.00	\$ 1,238,602.00

Iowa Dental Board
400 SW 8th Street, Suite D
Des Moines, IA 50309-4686

RECEIVED

JAN 02 2015

December 12, 2014

IOWA DENTAL BOARD

To Whom It May Concern:

I am writing of behalf of Minnesota dental students and all our colleagues nationwide to urge you to accept Canada's non-patient based National Dental Examining Board (NDEB) exam as an alternative to live patient-based dental licensing exams such as CRDTS (Central Regional Testing Service).

As I am sure you already know, the American Dental Association, the American Student Dental Association, and most state dental associations in the country staunchly oppose patient-based dental licensure exams. They are unethical: forcing unnecessary and untimely treatment of dental lesions and ignoring comprehensive care. They are not a comprehensive assessment of a dental student's ability as a practitioner nor do they in any way indicate competency in the multitude of other procedures performed by dentists daily.

Although I could go on about the inadequacies of such exams, let's instead look at the solution. Here in the state of Minnesota, we now accept the Canada's OSCE based exam as an alternative path to licensure. Not only does this exam avoid the ethical dilemmas mentioned above, but it offers a far more comprehensive look at a dental student's knowledge. No, it does not include physically treating a patient- but shouldn't our four years of dental school and hundreds of patient encounters count for that treatment experience? Do you really think that we haven't been judged competent by our accredited dental schools and our experienced faculty at some point in four years of graduate education?

Non-patient based licensure exams are the future of dental licensure. By not accepting such exams you are inconveniencing the citizens of your state: both those that need dental care and those that want to provide it. I know dental students originally from other states that have chosen to stay in Minnesota solely because the process required for licensure here is simpler and more ethical. Why wouldn't any state want to take down these walls keeping young, talented dentists from practicing and living there? Especially states that don't have dental schools: shutting out prospective health care providers based on a non-comprehensive, unethical, expensive, unfair exam only worsens barriers to dental care. This is no place for ego, for regionalism, or for unreasonably high state pride. You are responsible for providing dental care for your state's citizens and *you are letting them down.*

You will find attached a signed petition from the majority of students at the University of Minnesota School of Dentistry and also from other dental students

across the country. Your state's failure to accept a non-patient based dental licensure exam means my colleagues and I are far less likely to consider practicing in your state. I hope that you take this into consideration in serving the needs of your constituents.

Sincerely,

Christine M. Lucachick
University of Minnesota School of Dentistry 2016
President, Minnesota Chapter of the American Student Dental Association

Name	City	State	Zip Code	Country	Signed On
Christine Lucachick		""		United States	2014-12-12
Hannah Afwerke	Minneapolis	Minnesota	55413	United States	2014-12-12
Ishtpreet Mangat	Minneapolis	Minnesota	55414	United States	2014-12-12
Taylor Heinlein	Saint Paul	Minnesota	55114	United States	2014-12-12
Caleb Christel	Minneapolis	Minnesota	55414	United States	2014-12-12
Lauren McGovern	Minneapolis	Minnesota	55414	United States	2014-12-12
Jane yang	Minneapolis	Minnesota	55414	United States	2014-12-12
Elizabeth Kummer	Minneapolis	Minnesota	55416	United States	2014-12-12
Bethany Kjellgren	Saint Paul	Minnesota	55108	United States	2014-12-12
Trevor Andrews	Minneapolis	Minnesota	55414	United States	2014-12-12
Tara Peterson	Saint Paul	Minnesota	55123	United States	2014-12-12
Jamie Kern	Minneapolis	Minnesota	55414	United States	2014-12-12
Benjamin Lonsdorf	Minneapolis	Minnesota	55414	United States	2014-12-12
Brian Brodersen	Minneapolis	Minnesota	55407	United States	2014-12-12
Dan Kohler	Minneapolis	Minnesota	55414	United States	2014-12-12
Evan Koubsky	Saint Paul	Minnesota	55114	United States	2014-12-12
Ellen Anderson	Saint Paul	Minnesota	55115	United States	2014-12-12
Alisha Holt	Minneapolis	Minnesota	55414	United States	2014-12-12
Canaan Muscatell	Minneapolis	Minnesota	55414	United States	2014-12-12
Molly Dillon	Minneapolis	Minnesota	55410	United States	2014-12-12
Janna Holmgren	Minneapolis	Minnesota	55418	United States	2014-12-12
Joshua Holt	Savage	Minnesota	55378	United States	2014-12-12
Blake Belland	Minneapolis	Minnesota	55414	United States	2014-12-12
Ryan Reifsteck	Minneapolis	Minnesota	55414	United States	2014-12-13
Kelsey Utech	Minneapolis	Minnesota	55414	United States	2014-12-13
Fallon Macemon	Eden Prairie	Minnesota	55347	United States	2014-12-13
Priya Uppal	Minneapolis	Minnesota	55443	United States	2014-12-13
Ryan Sass	Minneapolis	Minnesota	55102	United States	2014-12-13
Erica Walters	Avon	Mississippi	56310	United States	2014-12-13
Jameson Klavins	Minneapolis	Minnesota	55406	United States	2014-12-13
Jeffrey Stefani	Minneapolis	Minnesota	55443	United States	2014-12-13
Stephanie Luebbe	Minneapolis	Minnesota	55414	United States	2014-12-13
Benjamin Schneider	Minneapolis	Minnesota	55418	United States	2014-12-13
Jessica Skelton	Wayzata	Minnesota	55391	United States	2014-12-13
Kelly Gruetzmacher	Minneapolis	Minnesota	55414	United States	2014-12-13
Arjan majidian	Minneapolis	Minnesota	55414	United States	2014-12-13
Andrew Lau	Minneapolis	Minnesota	55401	United States	2014-12-13
Nicholas Schulte	Minneapolis	Minnesota	55414	United States	2014-12-13
Allison McMillen	Minneapolis	Minnesota	55413	United States	2014-12-13
Abbey McGee	Lincoln	Nebraska	68503	United States	2014-12-13
Nathan Burbach	Minot	North Dakota	58701	United States	2014-12-13
Brian Spencer	Great Falls	Montana	59404	United States	2014-12-13
Tyler Rumpel	Oak Harbor	Washington	98277	United States	2014-12-13
Megan Raiber	Minneapolis	Minnesota	55414	United States	2014-12-13
Marissa Goplen	Saint Paul	Minnesota	55108	United States	2014-12-13
Abigail Sline	Minneapolis	Minnesota	55414	United States	2014-12-13
John Persson	Minneapolis	Minnesota	55414	United States	2014-12-13
Kraig Schumm	Buffalo	Minnesota	55313	United States	2014-12-13
keira nicholson	Manhattan	Kansas	66503	United States	2014-12-13
Stephanie Zastrow	Minneapolis	Minnesota	55414	United States	2014-12-13
Dustin ditch	Pelican Rapids	Minnesota	56572	United States	2014-12-13
Yenny Choi	Minneapolis	Minnesota	55414	United States	2014-12-13
Emily Rosenberg	Minneapolis	Minnesota	55414	United States	2014-12-13
Gaurav jain	Minneapolis	Minnesota	55414	United States	2014-12-13
Seth Huiras	Minneapolis	Minnesota	55414	United States	2014-12-13
Dan Allman	Minneapolis	Minnesota	55414	United States	2014-12-13
Kevin Schwandt	Minneapolis	Minnesota	55404	United States	2014-12-13
Ben Biewen	Minneapolis	Minnesota	55436	United States	2014-12-13
Kyle Smith	Minneapolis	Minnesota	55442	United States	2014-12-13
Samuel Duberowski	Minneapolis	Minnesota	55414	United States	2014-12-13
Angela Lee	San Francisco	California	94143	United States	2014-12-13
Brent Miller	Minneapolis	Minnesota	55414	United States	2014-12-13
Sonya Fujioka	Minneapolis	Minnesota	55414	United States	2014-12-13
Chase Seubedt	Gurnee	Illinois	60031	United States	2014-12-13
Liz Hungerford	Lincoln	Nebraska	68528	United States	2014-12-13
Omar Villavicencio	Miami	Florida	33155	United States	2014-12-13
Alexa Madden	Minneapolis	Minnesota	55414	United States	2014-12-13
John Weber	Eden Prairie	Minnesota	55344	United States	2014-12-13
Kathryn Egan	Minneapolis	Minnesota	55414	United States	2014-12-13
Kenneth Edwards	Saint Louis	Missouri	63104	United States	2014-12-13
Erica Recker	Iowa City	Iowa	52245	United States	2014-12-13
Lisa Gingrey	Minneapolis	Minnesota	55406	United States	2014-12-13
Pa Yang	Minneapolis	Minnesota	55432	United States	2014-12-13
Kris Mendoza	Los Angeles	California	90025	United States	2014-12-13
Michael Mittelsteadt	Minneapolis	Minnesota	55415	United States	2014-12-13
Laura Mathiason	Minneapolis	Minnesota	55414	United States	2014-12-13
Gustavo Hernandez	Las Vegas	Nevada	89142	United States	2014-12-13
Ryan Dahle	West Jordan	Utah	84081	United States	2014-12-13
Ryan Hillesheim	Saint Paul	Minnesota	55108	United States	2014-12-13
Amy Governor	Charleston	West Virginia	25302	United States	2014-12-13

Austin Imerman	Iowa City	Iowa	52246	United States	2014-12-15
Diana Jones	Cedar Rapids	Iowa	52403	United States	2014-12-15
T.J. Williams	Iowa City	Iowa	52246	United States	2014-12-15
Norma Meirick	Onalaska Wisconsin		54650	United States	2014-12-15
Zack Bandow	Iowa City	Iowa	52246	United States	2014-12-15
Breanne Mumm	Iowa City	Iowa	52242	United States	2014-12-15
Kirsten Karkow	Iowa City	Iowa	52246	United States	2014-12-15
Keely Knepper	Farley Iowa	52046	United States	2014-12-15	
patrick kolker	Clear Lake	Iowa	50428	United States	2014-12-15
Derek Furrow	Iowa City	Iowa	52246	United States	2014-12-15
Gregory Farris	Coralville	Iowa	52241	United States	2014-12-15
Katie Arp	Iowa City	Iowa	52246	United States	2014-12-15
Cynthia Mo	Iowa City	Iowa	52246	United States	2014-12-15
Tim Jaeger	ROXBURY CROSSING	Massachusetts	02120	United States	2014-12-15
Matt Merfeld	Rochester	Minnesota	55901	United States	2014-12-15
Rachael wilson	Saint Paul	Minnesota	55104	United States	2014-12-15
Emily Frosaker	Minneapolis	Minnesota	55413	United States	2014-12-15
Nicholas Bussa	Minneapolis	Minnesota	55414	United States	2014-12-15
Ben larson	Minneapolis	Minnesota	55414	United States	2014-12-15
Kaitlyn Lauer	Minneapolis	Minnesota	55414	United States	2014-12-15
Katherinv Vaughan	Minneapolis	Minnesota	55419	United States	2014-12-15
Theresa Greving	Omaha Nebraska	68131	United States	2014-12-15	
Jacob Briese	Coralville	Iowa	52241	United States	2014-12-15
Alexander kim	Council Bluffs	Iowa	51501	United States	2014-12-15
Katie Divine	Minneapolis	Minnesota	55431	United States	2014-12-15
Caroline miller	Omaha Nebraska	68124	United States	2014-12-15	
Erica Boyd	Lincoln Nebraska	68503	United States	2014-12-15	
Amanda Elliott	Baxter Iowa	50028	United States	2014-12-15	
Katherine saxon	Liberty Missouri	64068	United States	2014-12-16	
Jorey Heit	Council Bluffs	Iowa	51501	United States	2014-12-16
Katelyn Olenich	Lincoln Nebraska	68503	United States	2014-12-16	
Samantha Blaha	Lincoln Nebraska	68510	United States	2014-12-16	
Alex Egentowich	Lincoln Nebraska	68504	United States	2014-12-16	
Clare Houlihan	Council Bluffs	Iowa	51501	United States	2014-12-16
John Clifford	Saint Paul	Minnesota	55104	United States	2014-12-16
Michelle Skaff	Omaha Nebraska	68105	United States	2014-12-16	
William Montes	Minneapolis	Minnesota	55403	United States	2014-12-16
Lucy Corrin	Minneapolis	Minnesota	55418	United States	2014-12-16
Breanna Schuster	Minneapolis	Minnesota	55414	United States	2014-12-16
Dane Nelson	Minneapolis	Minnesota	55404	United States	2014-12-16
Adam Weber	Hood River	Oregon	97031	United States	2014-12-16
Josh Doyle	Iowa City	Iowa	52245	United States	2014-12-16
Stephanie kim	Minneapolis	Minnesota	55414	United States	2014-12-16
Katelyn McNeill	Saint Paul	Minnesota	55114	United States	2014-12-16
melanie womachka	West Liberty	Iowa	52776	United States	2014-12-16
Erika Diemer	Iowa City	Iowa	52246	United States	2014-12-16
Chris Treinen	Iowa City	Iowa	52246	United States	2014-12-16
Michael Tharp	West Liberty	Iowa	52776	United States	2014-12-16
Chris Gipple	Council Bluffs	Iowa	51501	United States	2014-12-16
Sarah Ryan	Marion Iowa	52302	United States	2014-12-16	
Anna Okulist	Iowa City	Iowa	52246	United States	2014-12-16
Terry Schmitt	Iowa City	Iowa	52246	United States	2014-12-16
John Smith	Minneapolis	Minnesota	55414	United States	2014-12-16
Morgan Hess	Iowa City	Iowa	52245	United States	2014-12-16
Jeremy Lois	Minneapolis	Minnesota	55403	United States	2014-12-16
Kevin McKenna	Lincoln Nebraska	68521	United States	2014-12-16	
Melanie Norton	Iowa City	Iowa	52240	United States	2014-12-17
Michael Henderson	Minneapolis	Minnesota	55414	United States	2014-12-17
Amy Knight	Iowa City	Iowa	52246	United States	2014-12-17
Ben Thomas	Saint Paul	Minnesota	55105	United States	2014-12-17
Ryan Pfundheller	Minneapolis	Minnesota	55413	United States	2014-12-17
kristen alexander	Kirksville	Missouri	63501	United States	2014-12-17
Brian Darling	Iowa City	Iowa	52242	United States	2014-12-17
Megan Gleason	Burke Virginia	22015	United States	2014-12-17	
Henry L. Gleason	Stoughton	Wisconsin	53589	United States	2014-12-17
Jennifer Zhang	Minneapolis	Minnesota	55414	United States	2014-12-17
Amy Yanzer	Chicago Illinois	60607	United States	2014-12-17	
Bryn Boswell	Iowa City	Iowa	52246	United States	2014-12-17
Christopher Fairbanks	Glendale Arizona	85308	United States	2014-12-18	
Hadeel Alniemi	Bozeman Montana	59718	United States	2014-12-18	
Adam Bahr	Iowa City	Iowa	52246	United States	2014-12-18
Aaron Henderson	Minneapolis	Minnesota	55418	United States	2014-12-19
Spencer Blackham	Alton Illinois	62002	United States	2014-12-19	
Todd Herpy	Lincoln Nebraska	68521	United States	2014-12-19	
Jerad Servais	Minneapolis	Minnesota	55413	United States	2014-12-21
Greg Cochrane	Saint Paul	Minnesota	55105	United States	2014-12-26

Jill Balgaard	Minneapolis	Minnesota	55414	United States	2014-12-13
Andrew Crist	Saint Paul	Minnesota	55106	United States	2014-12-13
Karissa Lange	Minneapolis	Minnesota	55414	United States	2014-12-13
Justin Paz	Minneapolis	Minnesota	55406	United States	2014-12-13
Samantha Clare	Saint Paul	Minnesota	55116	United States	2014-12-13
Roya Rahnamayi	Minneapolis	Minnesota	55414	United States	2014-12-13
Steve Holt	Schaumburg	Illinois 60173	United States	2014-12-13	
Christian Ortiz	Nashville	Tennessee	37208	United States	2014-12-13
Priya Rao	Minneapolis	Minnesota	55414	United States	2014-12-13
Brianna Berg	Long Lake	Minnesota	55356	United States	2014-12-13
Lauren Janes	Saint Paul	Minnesota	55114	United States	2014-12-13
Katherine Jacobson	Minneapolis	Minnesota	55413	United States	2014-12-13
Alexandra Unger	Minneapolis	Minnesota	55414	United States	2014-12-13
Melissa Gleason	Minneapolis	Minnesota	55414	United States	2014-12-13
Tyler Jensen	Minneapolis	Minnesota	55414	United States	2014-12-13
Heather Pries	Minneapolis	Minnesota	55414	United States	2014-12-13
Thomas Jordan	Minneapolis	Minnesota	55414	United States	2014-12-13
Holly Marple	Saint Paul	Minnesota	55105	United States	2014-12-13
Daniel Bellamy	Minneapolis	Minnesota	55401	United States	2014-12-13
Kara Weber	Minneapolis	Minnesota	55414	United States	2014-12-13
Danise McMillen	Chanhassen	Minnesota	55317	United States	2014-12-13
Todd Billington	Bismarck North Dakota	58504	United States	2014-12-13	
Kevin Ramp	Saint Paul	Minnesota	55108	United States	2014-12-13
Stephanie Motiff	Minneapolis	Minnesota	55413	United States	2014-12-13
Jennifer Hastings	Menomonie	Wisconsin	54751	United States	2014-12-13
Erin Belling	Minneapolis	Minnesota	55418	United States	2014-12-13
Trent Neisen	Saint Paul	Minnesota	55114	United States	2014-12-13
Josh Hindman	Iowa City	Iowa 52246	United States	2014-12-13	
Lucas Connor	Iowa City	Iowa 52246	United States	2014-12-13	
Alex Phan	Iowa City	Iowa 52246	United States	2014-12-13	
Taylor Geyer	Iowa City	Iowa 52246	United States	2014-12-13	
Mary Kaufmann	Iowa City	Iowa 52246	United States	2014-12-13	
David Knight	Iowa City	Iowa 52246	United States	2014-12-13	
Amy Kobliska	Iowa City	Iowa 52246	United States	2014-12-13	
Casey Goetz	Coralville	Iowa 52241	United States	2014-12-13	
Kelly Djerf	Minneapolis	Minnesota	55414	United States	2014-12-13
Erik Ziegler	Pittsburgh	Pennsylvania	15232	United States	2014-12-13
Jessica Gradoville	North Liberty	Iowa	52317	United States	2014-12-13
Lauren Johnson	Minneapolis	Minnesota	55418	United States	2014-12-13
Kaitlin Gebhart	Saint Paul	Minnesota	55113	United States	2014-12-14
Jessica Burkholder	Minneapolis	Minnesota	55403	United States	2014-12-14
Lisa Delvo	Minneapolis	Minnesota	55414	United States	2014-12-14
Madhvi Patel	Minneapolis	Minnesota	55446	United States	2014-12-14
Keely Goter	Mandan North Dakota	58554	United States	2014-12-14	
Diane Beckius	Saint Paul	Minnesota	55114	United States	2014-12-14
Nicholas Luke	Iowa City	Iowa 52246	United States	2014-12-14	
Brielle Hoisington	Andover	Minnesota	55304	United States	2014-12-14
Marissa Gregg	Iowa City	Iowa 52246	United States	2014-12-14	
Kimberly Rostvold	Minneapolis	Minnesota	55418	United States	2014-12-14
Desseree Lysne	Peoria	Arizona 85381	United States	2014-12-14	
Garrett Skonseng	Fargo	North Dakota 58104	United States	2014-12-14	
Amy Lawson	Glendale	Arizona 85310	United States	2014-12-14	
Whitney Lindteigen	Glendale	Arizona 85306	United States	2014-12-14	
Nathan Antoine	Glendale	Arizona 85308	United States	2014-12-14	
Sheena Knight	Lombard	Illinois 60148	United States	2014-12-14	
Stacie Knight	Lombard	Illinois 60148	United States	2014-12-14	
Leah Loehndorf	Saint Paul	Minnesota	55113	United States	2014-12-14
Kaisha Brown	Iowa City	Iowa 52246	United States	2014-12-14	
Amy Scallon	Iowa City	Iowa 52246	United States	2014-12-15	
Jonathan Szewczyk	Iowa City	Iowa 52246	United States	2014-12-15	
Brandt Bergman	Iowa City	Iowa 52246	United States	2014-12-15	
Zachary Goettsche	Iowa City	Iowa 52245	United States	2014-12-15	
Matthew Yu	Minneapolis	Minnesota	55415	United States	2014-12-15
Brad Worner	West Liberty	Iowa 52776	United States	2014-12-15	
Mari Heslinga	Iowa City	Iowa 52246	United States	2014-12-15	
Matthew Wettach	Mount Pleasant	Iowa 52641	United States	2014-12-15	
Geoffrey Skinner	Iowa City	Iowa 52246	United States	2014-12-15	
Kate Hermiston	Iowa City	Iowa 52246	United States	2014-12-15	
Bradley Albertson	Iowa City	Iowa 52246	United States	2014-12-15	
Alyssa Mann	Coralville	Iowa 52241	United States	2014-12-15	
Lauren Fangman	North Liberty	Iowa 52317	United States	2014-12-15	
Megan Penticoff	Iowa City	Iowa 52246	United States	2014-12-15	
Matthew Abraham	Iowa City	Iowa 52245	United States	2014-12-15	
Danielle Meirick	Iowa City	Iowa 52242	United States	2014-12-15	
Hannah Smith	Bend	Oregon 97701	United States	2014-12-15	
Keegan Bohn	Iowa City	Iowa 52246	United States	2014-12-15	
Tim Albright	Iowa City	Iowa 52246	United States	2014-12-15	
Zach Percival	Iowa City	Iowa 52246	United States	2014-12-15	
Jennie Harris	Coralville	Iowa 52241	United States	2014-12-15	
Matthew Meyers	Iowa City	Iowa 52246	United States	2014-12-15	
Kate McDonald	Denver	Colorado 80210	United States	2014-12-15	

Braness, Christel [IDB]

From: Mat Olson <mat@thedentalexchange.com>
Sent: Monday, September 29, 2014 12:26 PM
To: Iowa Dental Board [IDB]; McCollum, Phil [IDB]; Braness, Christel [IDB]
Subject: CE tracking and management tool / Dental Exchange

Good afternoon,

We wanted to reach out to you and the Iowa Dental Board regarding a free CE management tool that may be of interest to you and your members. We were hoping you could share our details at your September 30th meeting.

My CE Tool is a new, simple way for licensees to track and monitor their CE courses as they take them. The FREE tool will not only show a member how many credits they have taken and how many they have remaining, but it also includes a reminder system that informs the members, via email or text, where they stand with their credit hours during their cycle period.

This tool is even better for the Dental Boards. We discovered that the process to manage all of the paper certificates as well as stay on top of licensees to make sure they get all their credits completed, was quite taxing on the resources the board had available, not to mention the perceived negative connotation of the word "audit". We created the CE Admin Tool, a way for a Dental Board to have "back end" access to our website and the database of their state members CE credit hours & certificates. We have developed a way for the key people of the Board staff to get access to an excel spreadsheet of their members whenever they need it. It can also include any information you request in regards to what is important for you to monitor. The best part is, the tool is free to and is currently available to any State Dental Board in the country.

We are very excited to announce that just this past weekend, the Kentucky State Dental Board approved a partnership with the Dental Exchange. Their plan works like this. They will be providing us a list of all their licensees, Dentist and Hygienists and we will be creating their profiles on our site. The Executive Director will then be sending a communication piece to all of the licensees, sharing with them that moving forward, they will be able to manage and upload all of the CE courses and certificates on our MyCETool. This process will ensure that the Dental Board will have access, at all times, to monitor and keep track of how their licensees are progressing with their CE credit hours.

We have spoke with David Beyer, who is the current Executive Director for the Kentucky State Dental Board, and he allowed us to share with you his contact information if you would like to learn more from him about the process as well as how he is planning to use the tool with his staff and his licensees in Kentucky. His phone number is [\(502\) 435 8892](tel:5024358892). His email address is David.Beyer@ky.gov.

Here is link to our site, with a short two minute video that will share what the Dental Exchange is all about.

TheDentalExchange.com

Thank you,



Mat Olson

VP Of Operations, Co-Founder , Dental Exchange
291 N. Hubbards Lane Ste 177 Louisville, KY 40207
t: [800.441.8973](tel:800.441.8973) (ext. 701) | m: [773.301.4262](tel:773.301.4262)
e: mat@thedentalexchange.net



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**Robert E. Varner, DMD
President**



1729 W. Harvard Blvd.
Roseburg, OR 97471

541.673.0924 phone
541.673.0925 fax

bobvarner@earthlink.net

November 3, 2014

Iowa Dental Board
400 SW 8th St., Suite D
Des Moines, IA 50309-4686

RECEIVED

NOV 05 2014

IOWA DENTAL BOARD

State Dental Board Commission:

I write to you on behalf of the American Association of Orthodontists (AAO) with concerns about a practice in your state that could negatively affect public health. Apparently, at least one "do it yourself" teeth-straightening company is operating in your state, and the AAO is concerned that it does not meet the standards set by your regulatory authority. The intent of this letter is to make you aware of the practice, and to ask you to review the relevant rules and regulations in order to determine if this practice should be allowed to continue in your state.

**Morris N. Poole, DDS
President-Elect**



55 Bristol Road
Logan, UT 84341

435.512.4980 phone
435.753.1509 fax

mnpoole@aaortho.org

The practice model allows patients to take their own dental impressions and then ship them back to the company for evaluation. The company claims that a licensed dental professional reviews the impressions and sets a treatment plan. The company then produces and ships the clear aligners back to the customer. All of this occurs without any doctor-patient interaction or comprehensive diagnostics, which have become standard in the practice of orthodontics and is important for the health of the prospective patient.

**DeWayne B. McCamish, DDS, MS
Secretary-Treasurer**



4610 Brainerd Rd, Suite # 3
Chattanooga, TN 37411

423.622.4173 phone
423.629.9889 fax

dbm@dbmortho.com

The AAO has multiple concerns with this practice, including, but not limited to:

- It is not clear whether the dental professionals who examine the impressions are licensed in your state. If they are not, then they could be in violation of laws and regulations requiring them to be licensed in the state in order to practice dentistry there. If they are licensed, then they may be running afoul of a number of ethical principles as well as failing to comply with regulations they are required to uphold.
- Since there is apparently no contact between the doctor and the patient, it is likely impossible for there to be adequate informed consent of the risks associated with treatment. It is the AAO's position that, regardless of who actually places the clear aligners in the patient, if an orthodontist is involved in directing treatment, the orthodontist should be sure that the patient has been adequately informed of the risks.

**Chris P. Vranas, CAE
Executive Director**

401 North Lindbergh Boulevard
St. Louis, MO 63141

314.993.1700 phone
314.993.0142 fax

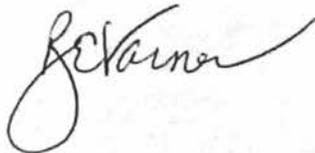
cvranas@aaortho.org

- It is impossible for an orthodontist (or any dental professional) to safely suggest a treatment plan from impressions alone—especially when the impressions have been administered by the patient, without supervision of a dental professional. A number of risk factors may be present that are not discernable using an impression, including root resorption, enamel deficiencies, decay, or any number of other problems that would make any type of orthodontic therapy inadvisable. The lack of a physical exam and gathering of patient medical history could also result in a number of unforeseen consequences, such as undiagnosed medical problems that would alter a treatment plan or would be important for the patient to know, such as oral cancer, etc.
- During treatment, if a complication arises, the individual doing the self-directed treatment may not recognize the problem and, there is no existing doctor-patient relationship for the patient to rely upon.
- It is unclear how a company operating in such a manner can verify the age of the patient without any personal contact. For instance, it would apparently be possible for a minor to misrepresent his/her age, order the impressions and receive the aligners.

For these reasons, the AAO believes that residents of your state are in danger of being harmed by this practice. I ask that you review this practice in light of the relevant rules and regulations you have promulgated in order to determine if it should be permitted in your state.

If you have any questions or concerns, please do not hesitate to contact Mr. Kevin Dillard, the AAO's General Counsel, at 314.993.1700.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Varner", written in a cursive style.

Robert E. Varner, DMD
President

REV:krd



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

INFORMATIONAL LETTER NO.1353

DATE: February 12, 2014

TO: All Iowa Medicaid Providers (Excluding Home and Community Based Services and Individual Consumer Directed Attendant Care)

FROM: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: Dental Wellness Plan

EFFECTIVE: May 1, 2014

In May 2013, the Iowa Legislature passed the Iowa Health and Wellness Plan. The plan calls for comprehensive dental benefits equivalent to the Medicaid benefit. The IME is in the process of developing the new benefit, called the Dental Wellness Plan. The Dental Wellness Plan will utilize a new, commercial plan framework and offer dental benefits to the Iowa Health and Wellness Plan membership beginning on May 1, 2014.

The Dental Wellness Plan program goals are:

- **Access** - Ensure adequate access to high quality dental services across the state for the new Iowa Health and Wellness Plan adults, addressing current barriers.
- **Manage Population Health** – Focus on restoring basic functionality for all enrollees and improving the oral health of members over time through education, care coordination and community support.
- **Member Incentives** – Ensure there are incentives for members to engage in preventive services, reduce “no-shows” and enhance compliance with treatment plans by rewarding member involvement to drive better dental outcomes.
- **Provider Incentives** – Higher reimbursement rates, a pay-for-performance component and fewer administrative barriers in claims processing and other administrative transactions.
- **Sustainability** – Demonstrate a high quality and sustainable adult dental program that will provide a model that may be considered for the rest of Medicaid program.

This plan is designed to improve the member’s oral health by incentivizing preventive services and compliance with treatment plans while providing cost effective comprehensive coverage. As we move closer to the implementation date, details will be announced through informational letters. To view the draft proposal, please see the document entitled [Iowa Health and Wellness Plan Accountable Dental Care Plan](http://www.dhs.state.ia.us/uploads/IHAWP%20dental%20plan%20DRAFT%2010%201%2013.pdf).¹

In the meantime, the IME recognizes the need to provide certain urgent and medically necessary services now. Until the new dental plan is available for coverage, **urgent dental**

¹ <http://www.dhs.state.ia.us/uploads/IHAWP%20dental%20plan%20DRAFT%2010%201%2013.pdf>

services will be payable to any enrolled Medicaid dentist. Through April 30, 2014, all dental services for Iowa Health and Wellness Plan members require a Prior Authorization approved through Medical Prior Authorization via fax at: 515-725-0938 (Dental PA Fax). Services rendered should be handled consistent with existing Iowa Medicaid dental policies. Some examples of services not considered urgent are routine services, cleaning and preventive services, routine radiographs, restoration services, and repairs.

Service categories covered as urgent/stabilization treatment due to trauma, pain, or infection include:

- Extractions
- Tooth reimplantation
- Splint
- Palliative treatment
- Endodontic treatment
- Surgical incision and drainage
- Anesthesia
- Treatment of bone fractures
- Repair of traumatic wounds
- Restorations following endodontic treatment (to close tooth and stabilize until crown)
- Minor denture adjustments

All patients require an evaluation or assessment prior to the beginning of each service. A prior authorization is not required for the evaluation or assessment and supporting diagnostic services, but is required for the allowed follow up urgent care services listed above. The evaluation services and supporting diagnostic services below will be covered:

- D0140 (problem-focused exam)
- D0120 (periodic exam)
- D0150 (comprehensive exam)
- D0220 (Intraoral Periapical x-rays to assist with urgent dental diagnosis and treatment)
- D0230 (Intraoral Periapical-each additional radiographic image)
- D0330 (Panoramic x-rays to assist with urgent dental diagnosis and treatment)

Limited prior authorizations may be approved via phone in specific situations. If a patient is present in the office, with an immediate need that must be addressed during the current appointment, dental providers may call 1-888-424-2070 (8:00 a.m. - 4:30 p.m., M-F). In these specific situations, the prior authorization may be approved via phone if the service meets the above criteria.

Dental services including periodic exams and diagnostic services for Medicaid members ages 19-20 are covered under the Early Periodic Screening Diagnosis and Treatment (EPSDT) services regardless of whether it is an urgent situation. All Iowa Medicaid dental policies are applicable to members within this age range. Beginning May 1, 2014, all Iowa Health and Wellness Plan members will receive dental services through the Dental Wellness Plan.

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, locally in Des Moines at 515-256-4609 or by email at imeproviderservices@dhs.state.ia.us.



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

INFORMATIONAL LETTER NO.1377

DATE: May 2, 2014

TO: Iowa Medicaid Federally Qualified Health Centers (FQHCs) and Indian Health Services (IHS) Providers

FROM: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: Dental Wellness Plan Wraparound Services

EFFECTIVE: May 1, 2014

The Dental Wellness Plan, announced in [Informational Letter 1353](#)¹, began on May 1, 2014. The Dental Wellness Plan utilizes a new, commercial plan that administers dental benefits to the Iowa Wellness Plan and Marketplace Choice Plan membership.

When a FQHC or IHS provides dental services under contract to the commercial plan, the commercial plan must pay the FQHC or IHS no less than the amount it would pay for the same services if furnished by another provider. The department will supplement the payment of the commercial plan to provide reasonable cost reimbursement, as specified by Medicare cost reimbursement principles.

The [Dental Wellness Plan Wraparound Payment Request](#)² is to be used to document Medicaid encounters and differences in payments by the commercial plan and the regular Medicaid encounter payment. The form should be submitted within 30 days of the end of the quarter and should include an Excel spreadsheet with the following information:

- 1) Patient Name
- 2) Patient Medicaid State ID Number
- 3) Date of Service
- 4) Dental Code Billed
- 5) Billed Amount
- 6) Amount paid by Dental Plan Administrator

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, locally in Des Moines at 515-256-4609 or by email at imeproviderservices@dhs.state.ia.us.

¹ <http://www.dhs.state.ia.us/uploads/1353%20Dental%20Wellness%20Plan.pdf>

² [http://www.dhs.state.ia.us/uploads/470-5210%20Dental%20Wellness%20Plan%20Wraparound%20Payment%20Request%20\(4\).pdf](http://www.dhs.state.ia.us/uploads/470-5210%20Dental%20Wellness%20Plan%20Wraparound%20Payment%20Request%20(4).pdf)

Your Dental Benefits with the Dental Wellness Plan

You get Core Benefits and Emergency Services right away

Core Benefits include:

- X-rays
- Cleanings
- Fluoride
- Emergency services
- Fix teeth/ dentures for basic needs (eating, speech, pain)



Go back to the dentist
in 6-12 months and earn
Enhanced Benefits



Go to 2nd dental exam and you get Enhanced Benefits

Core Benefits include:

- X-rays
- Cleanings
- Fluoride
- Emergency services
- Fix teeth/ dentures for basic needs (eating, speech, pain)



Enhanced Benefits include:

- Fill cavities
- Root canal
- Gum treatment
- Denture repair
- Some dental surgery



Go back to the dentist
in 6-12 months and earn
Enhanced Plus Benefits



Go to 3rd dental exam and you get Enhanced Plus Benefits

Core Benefits include:

- X-rays
- Cleanings
- Fluoride
- Emergency services
- Fix teeth/ dentures for basic needs (eating, speech, pain)



Enhanced Benefits include:

- Fill cavities
- Root canal
- Gum treatment
- Denture repair
- Some dental surgery



Enhanced Plus Benefits include:

- Crowns
- Tooth replacement (bridge and partial denture)
- Gum surgery

If you do not go to your dental exams every 6-12 months, you will keep **Core Benefits** and **Emergency Services**. Please see your Dental Wellness Plan Member Handbook or visit our website to view details on all covered dental services. Members ages 19 and 20 are eligible to receive all services as long as you meet clinical criteria for the service, even if you have not yet earned the benefits.

If you have questions please go to our website at www.DWPIowa.com or call us at (888) 472-2793.

Si tiene alguna pregunta o le gustaria obtener una copia gratuita de este documento en espanol, comuniquese con Delta Dental of Iowa al 1-888-472-2793. (If you have questions or would like to obtain a free copy of this document in Spanish, contact Delta Dental of Iowa at 1-888-472-2793.)