



STATE OF IOWA

IOWA DENTAL BOARD

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

JILL STUECKER
EXECUTIVE DIRECTOR

IOWA DENTAL HYGIENE COMMITTEE

*Updated 4/20/2015

AGENDA

APRIL 23, 2015

10:00 A.M.

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

Members: *Mary Kelly, R.D.H., Chair; Nancy Slach, R.D.H., Vice Chair; Matthew McCullough, D.D.S.*

- I. CALL MEETING TO ORDER – ROLL CALL**
- II. 1st OPPORTUNITY FOR PUBLIC COMMENT**
- III. APPROVAL OF OPEN SESSION MINUTES**
 - a. January 22, 2015 – Quarterly Meeting
- IV. LEGAL REPORT**
- V. ADMINISTRATIVE RULES/ADMINISTRATIVE RULE WAIVERS**
 - a. Vote on Notice of Intended Action – Proposed Amendments to Ch. 10, “*General Requirements*”
- VI. OTHER BUSINESS**
 - a. Performing Educational Services Under General Supervision
- VII. APPLICATIONS FOR LICENSURE & OTHER REQUESTS***
 - a. *Request for Clarification on Clinical Examination Requirement for Reinstatement of Dental Hygiene License – Tammy Brousseau, R.D.H.*
- VIII. 2nd OPPORTUNITY FOR PUBLIC COMMENT**
- IX. CLOSED SESSION***
- X. ACTION, IF ANY, ON CLOSED SESSION ITEMS**
- XI. ADJOURN**

NEXT QUARTERLY MEETING: July 23, 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.

*This portion of the meeting may be conducted in closed session to discuss confidential matters that may concern examination information, peace officers' investigative reports, attorney records related to litigation, patient records and reports on the condition, diagnosis, care or treatment of a patient, or investigation reports and other investigative information which is privileged and confidential under the provisions of Sections 22.7(2), 22.7(4), 22.7(5), 22.7(9), 22.7(19), and 272C.6(4) of the 2015 Code of Iowa. These matters constitute a sufficient basis for the committee to consider a closed session under the provisions of section 21.5(1), (a), (c), (d), (f), (g), and (h) of the 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.



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EXECUTIVE DIRECTOR

DENTAL HYGIENE COMMITTEE

OPEN SESSION MINUTES

January 22, 2015
Conference Room
400 S.W. 8th St., Suite D
Des Moines, Iowa

Committee Members

Mary C. Kelly, R.D.H.
Nancy A. Slach, R.D.H.
Matthew J. McCullough, D.D.S.

January 22, 2015

Present
Present
Present

Staff Members

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

Attorney General's Office

Sara Scott, Assistant Attorney General

I. CALL TO ORDER FOR JANUARY 22, 2015

Ms. Kelly called the meeting of the Dental Hygiene Committee to order at 8:03 a.m. on Thursday, January 22, 2015. A quorum was established with all members present.

Roll Call:

| <u>Member</u> | <u>Kelly</u> | <u>Slach</u> | <u>McCullough</u> |
|---------------|--------------|--------------|-------------------|
| Present | x | x | x |
| Absent | | | |

II. 1st OPPORTUNITY FOR PUBLIC COMMENT

Ms. Kelly introduced the new executive director, Ms. Stuecker. Ms. Stuecker provided a brief overview of her employment history prior to starting at the Iowa Dental Board. Ms. Stuecker stated that she understood that there are a lot important issues, which need to be addressed, and looked forward to being a part of that work.

Ms. Kelly asked everyone to introduce themselves.

Ms. Kelly allowed the opportunity for public comment.

Ms. Temple, who is the I-Smile coordinator with Washington County Public Health and is also a member of the Iowa Dental Hygienists' Association, expressed her concerns regarding the petition for rulemaking. The I-Smile coordinators work within public health programs. The elimination of local, state, or federal public health programs would cause significant disruption in services. The I-Smile coordinators provide a large number of dental services within these programs. Ms. Temple reported that needs assessments are completed to determine which services are necessary. Three dentists serve on the local advisory committee. If these changes go into effect, I-Smile coordinators may be put out of work, and a number of services would no longer be provided.

Ms. Patterson-Rahn spoke about the pending proposal to allow dental assistants to work in school-based sealant programs. Ms. Patterson-Rahn reported that a large portion of the population, which these programs serve, does not have regular access to traditional dental services. Ms. Patterson-Rahn attended the Legislative Services meeting a few weeks ago. Ms. Patterson-Rahn was pleased to hear that the Board is considering the addition of dental assistants to the school-based sealant programs. Ms. Patterson-Rahn recommended that as changes are made to be careful to not eliminate critical points of access with these children.

Mr. Cope, Iowa Dental Hygienists' Association, spoke in response to the petition for rulemaking. Mr. Cope wanted to stress that the matter arose from a request to determine if correctional facilities could be interpreted within a local, state or federal public health program. Mr. Cope stated that it is appropriate for the Board to interpret language located within Iowa Administrative Code 650. This is the first time in more than 10 years, in which the rule has existed, that an interpretation was requested. Mr. Cope believed that there is not sufficient data to suggest a problem as has been suggested. Mr. Cope stated that the overall data suggested that the current language regarding public health supervision is sufficient. Mr. Cope asked that the Dental Hygiene Committee and the Board deny the request.

Mr. Cope also spoke on the issue of expanded functions. Mr. Cope asked the Board to consider including a method of tracking dental hygienists and dental assistants who perform level 1 and level 2 services so that there is data to show who are performing these tasks. Mr. Cope recommended that the Board consider adding language to reflect this.

III. APPROVAL OF OPEN SESSION MINUTES

- *October 17, 2014 – Quarterly Meeting Minutes*
- ❖ MOVED by SLACH, SECONDED by MCCULLOUGH, to APPROVE the minutes as submitted. Motion APPROVED unanimously.

IV. LEGAL REPORT

Ms. Scott had nothing to report.

V. ADMINISTRATIVE RULES/ADMINISTRATIVE RULE WAIVERS

- *For Discussion – Proposed Amendments to Ch. 10, “General Requirements”*

Ms. Kelly reported that several of these issues will be discussed further at the full Board meeting. Ms. Kelly indicated that discussion would be limited to the issue of expanded functions for dental hygienists. These items will also be thoroughly discussed at the Board meeting since the Board will vote on any proposed changes.

Mr. McCollum stated that Board staff did not provide an updated draft for discussion at this meeting. Mr. McCollum reported that Mr. Cope provided a proposed draft from the Iowa Dental Hygienists' Association (IDHA) for review and discussion. The IDHA draft was forwarded for review. Mr. McCollum stated that the Board needed to make decisions regarding some of the big issues prior to proceeding with the rulemaking process.

Mr. McCollum was pleased to see that Mr. Cope's draft took some of the main issues of concern into consideration. The first issue for consideration is the list of current dental assistant expanded functions duties. Mr. McCollum stated that many of these items, if not all, fall within the current scope of practice for dental hygienists. The Dental Hygiene Committee and the Board will need to determine the level of supervision required to provide these services. The draft from the IDHA included ten (10) services, which could be provided under general or public health supervision. The proposed draft is very clear about supervision levels. Mr. McCollum stated that future drafts would need to be composed in a similar manner to avoid any confusion going forward. The IDHA's draft also proposed four (4) duties, which would be required under direct supervision. The committee needed to decide if they are in agreement with the proposed language.

Mr. McCollum indicated that the other issue for consideration, which may not be as straight forward, is the issue of education and training. The Board office surveyed the dental hygiene programs in Iowa about training in tasks on the current list of expanded functions for dental assistants. The responses to the survey indicated that the training in these areas was not consistent between programs.

Mr. McCollum stated that there was a lot of discussion about education and training at the last Board meeting. Board members expressed concerns about both sides of the issue. Ms. Slach indicated that some tasks are currently allowed, and dental hygienists may be prohibited from providing these services if they cannot document education and training. Mr. McCollum reported that at the last Board meeting Ms. Kelly proposed having the dentist sign off on the education and training; however, the Board voted against the motion, defeating it. For that reason, Mr. McCollum was reluctant to provide an updated draft without further direction from the Board. The Board will need to discuss this issue further and determine how to address the issue of education and training. Once this is addressed, staff can bring back another draft for further consideration.

Ms. Kelly stated that she did not recall a vote having been taken at the last Board meeting with regards to the dentist signing off on the education and training. Ms. Kelly discussed some of the concerns with requiring proof of education and training to continue providing level 1 services since these were the services that fall within the current scope of practice. Ms. Kelly reported, for example, that her dental hygiene school has closed, and she would be unable to obtain proof of training completed while in school.

Ms. Kelly asked what documentation would be deemed sufficient to document education and training. Mr. McCollum stated that one compromise might be to allow dental hygienists to grandfather in to these services, provided a dentist signed off on their prior experience. After a certain date, dental hygienists would need to document education and training prior to providing those services.

Ms. Slach stated that when she looked at the first list of ten (10) items, many of these tasks are similar to services dental hygienists currently provide. Ms. Slach stated that some of these services would be second nature, and that additional training may be unnecessary.

Mr. McCollum noted that items #9 and #10 were new. Ms. Stuecker asked if there any items in the list of ten (10) items that were not consistently taught. Mr. McCollum stated that the training provided in these areas while in dental hygiene school appeared to be inconsistent.

Ms. Kelly preferred not to address items #9 and #10 on the list yet. Ms. Kelly stated that she would rather address items #1-8 to start the discussion.

Ms. Slach stated that anyone providing these services needed to be mindful of the protection of the public. Ms. Slach was not sure how to document this for someone who has been providing these services to date. Ms. Slach asked if it would be sufficient to have the dentist verify this since he or she would be in charge of the dental practice, and, ultimately, responsible.

Ms. Kelly reported that dentists can provide the training in expanded functions; therefore, Ms. Kelly would be satisfied with dentists signing off on education and training. There was still a question of whether or not to allow dental hygienists to grandfather in to the procedures.

Ms. Slach stated that formal training in an accredited program is ideal. However, Ms. Slach believed that consideration needed to be given to the fact that many of those procedures are reversible, and could be corrected by the dentist if done incorrectly. Harm to the patient would not be caused. If the dentist were to sign off on the services performed, he or she would be looking out for the best interest of the patient. Ms. Slach stated that she was open having the dentist sign off on training and education. Ms. Slach believed that the Board should require training for new dental hygienists. Ms. Kelly stated that it appeared that everyone was in agreement about allowing dentists to sign off on the education and training.

Ms. Kelly commented on the issue of training in dental hygiene programs, and the inconsistency of the training. Ms. Kelly stated that the dental hygiene schools do not provide an attestation of all training completed within the program. Ms. Kelly asked how the schools should address proof of training. Mr. McCollum stated that it would be ideal if all of the programs made all of the core responsibilities and services listed within the scope of practice a part of the curriculum. However, when talking to the dental hygiene programs, many of them indicated that they were already trying to fit in as much training as they could within the two (2) year program. The limitations of time may make it difficult to provide education in all of these areas.

Ms. Kelly stated that she recently spoke with some of the educators about this matter. Ms. Kelly stated that all but one indicated that they would review the scope of practice and try to provide training in those areas.

Mr. McCollum stated that it should not be a problem to address the issue of training going forward. The primary question was how to address currently-licensed dental hygienists, who may be unable to document education and training. This could present an undue hardship for some dental hygienists if dentists cannot attest to the training.

Mr. McCollum stated that, short of the dentist signing off on the education and training, he was not sure how to proceed. Mr. McCollum was reluctant to propose draft rules including this provision without changing it, or adding something to the proposal, since this recommendation was denied by the Board at the last board meeting. Mr. McCollum stated that some additions could be as follows:

- Allow dentists to attest to the experience of currently-licensed dental hygienists within a set timeframe.
- New dental hygienists could be required to complete formal education and training in these areas.

Mr. McCollum stated that some dental hygienists would fall into the gaps. There is no way to cover everyone; however, requests for rule waiver could take care of this. Ms. Kelly stated that it might be a burden for some. Mr. McCollum wondered how much of a burden would exist if they are not currently performing those services.

Ms. Kelly stated that although they may not perform those services currently, it could become problematic for these dental hygienists, who may be looking for a job.

Mr. Cope stated that it appeared that Mr. McCollum was proposing language to allow a dentist sign off on the competency. Mr. McCollum stated that was correct; however, he also proposed that these tasks be performed within a certain timeframe to adequately address the issue of competency. If the procedures have not been performed within a certain timeframe, there may be a question about the extent to which the dentists could verify competency.

Mr. Cope stated that requiring proof of training for something within the scope of practice is offensive. Mr. Cope indicated that he struggled with this, and believed that dentists in a similar position would feel the same way. Mr. Cope stated that the proposed language addressed these concerns. Mr. Cope believed that dentists should have the authority to delegate duties. Mr. Cope stated that he is not aware of the Board being inundated with complaints from Iowans, who have been hindered or hurt by these services being provided by dental hygienists. Mr. Cope believed that this needed to be taken into account.

Mr. McCollum noted that this was a problem that was identified and needed to be addressed. Again, Mr. Cope stated that he is unaware of complaints related to these issues. Mr. Cope indicated that their proposed draft was a compromise that allowed dentists to be placed with the responsibility of determining what is appropriate. Mr. Cope believed that this is a workable compromise. The Board will need to decide whether or not to include a grandfather clause;

however, he was troubled by the proposed requirement to document training for services allowed within the current scope of practice.

Ms. Brown stated that there is a continuing education requirement every two years; licensees are charged with remaining current with their practice and education. Ms. Brown stated that dentists are responsible for delegating duties. Ms. Brown stated that documenting training should be unnecessary. Ms. Brown stated that a lot of dentists do not regularly perform these tasks; and she did not believe that the same standard would be applied to dentists. Ms. Brown was offended by the suggestion that dental hygienists be required to obtain proof of training.

Mr. McCollum stated that if the Board had accepted the recommendation at the last meeting, this conversation would not be taking place. Mr. Cope stated that too much weight was being placed on that vote. Mr. Cope believed that there was insufficient discussion prior to the vote. Mr. McCollum stated that he was reluctant to include something in another draft that had not been accepted by the Board, particularly, since the Board has discussed these proposals over the course of several meetings. Mr. Cope believed that a more thorough discussion with the Board may remedy some of this.

Mr. McCollum stated that this issue would also be discussed at the Board meeting later, and concerns could be discussed at that time. The Board still had opportunity to discuss this further and revisit the proposal regarding education and training. Mr. Stuecker suggested that Ms. Kelly bring this up at the Board meeting.

Dr. McCullough indicated that he agreed with Mr. Cope. Dr. McCullough reported that he employs a number of dental hygienists, and would not have a problem delegating the first list of duties to them. Dr. McCullough thought it made more sense to address the second list of four (4) expanded functions. Ms. Slach recommended adding a grandfather clause for those who are currently practicing. Dr. McCullough believed that would be appropriate. Ms. Slach proposed verifying training for new graduates.

Ms. Slach indicated that she took issue with the proposed list of duties for dental hygienists when the same standard might not be applied to dentists.

Ms. Kelly noted that the current rules are not in the same format as the proposed draft. Ms. Kelly recommended taking no action on the first part, and focus on the level 2 expanded functions.

Ms. Veenstra, Iowa Dental Assistants Association, did not believe that the dental hygienists should feel so defensive about the issue of training. Attempts were being made to find a compromise and address potential concerns. Ms. Veenstra stated that dental assistants receive training in these areas and see these situations every day. In Ms. Veenstra's experience, not all dental hygienists regularly perform these procedures. Ms. Veenstra stated that something being allowed by the scope of practice does not necessarily equal adequate and effective training and experience.

Ms. Slach stated that a rule change could pose problems for dental hygienists as they may not be able to continue providing services if the proposed training requirements were implemented. It may take time to document training.

Ms. Kelly stated that it was not necessarily an issue of grandfathering the services since these are allowed under the current scope of practice.

Ms. Brown stated that the dentists are ultimately responsible in every dental practice. Therefore, it should be left to the dentist to determine what services are delegated since they should understand what is allowed within the scopes of practice for the auxiliary. Ms. Brown recommended allowing the dentists and auxiliary to determine what is appropriate based on individual experience and education. Were the recommendations to be adopted, Ms. Brown inquired about what would be required to document training in these areas, particularly with such a diverse list of services.

Ms. Scott asked for some clarification about this issue. Ms. Scott inquired about the purpose of the original task force, and the ongoing board and committee discussions as it relates to the expanded functions of dental hygienists, if all of these tasks are allowed within the current scope of practice. Ms. Scott stated that it was not clear to her that there was complete agreement that all of these duties were a part of the scope of practice. Ms. Scott stated that these duties may fall within the scope of practice; however, she does not recall this being made clear. If these tasks are not expanded functions, Ms. Scott was confused about why the committee made the recommendations it did, unless it was intended to provide further clarification. Ms. Scott indicated that it was not entirely clear as to which duties are expanded functions, and which are not.

Ms. Kelly referred to the first list of 10 items. With the exception of items #9 and #10, and also item #8, since they are not included within the current scope of practice, items #1-7 fall within the current scope of practice. Ms. Kelly referred to the second list expanded functions. Ms. Kelly indicated that item #2 was within the current scope of practice; however, it was determined that it should be completed under direct supervision.

Ms. Kelly stated that this discussion came about as a result of the survey of the dental hygiene programs. A number of the programs indicated that they were not providing training in these areas. This raised some concerns. There was a question about the degree of concern for duties being performed, that fall within the current scope of practice, but for which dental hygienists may not have received formal training.

Mr. McCollum reported that his first draft took all of the current expanded functions language in chapter 20, and moved it to chapter 10. Following review of the first draft, Mr. McCollum received feedback from associations, dentists and board members asking how dental hygienists could perform these services without training. After receiving that feedback, the dental hygiene schools were surveyed about the training provided. Mr. McCollum reported that rulemaking regarding expanded functions for dental hygienists was first attempted in 2010; however, the rulemaking process was never completed.

Ms. Kelly reported that she previously met with Mr. McCollum and Ms. Scott to discuss these services. Following that meeting, the duties, which were not included in the scope of practice, were marked for inclusion.

Ms. Scott asked why these items are being listed again if they are already included within the current scope of practice. Ms. Kelly stated that she, Ms. Slach and Dr. McCullough have come to the conclusion that they are already included within the scope of practice, and they should not be listed again. Ms. Scott asked for clarification that these are already included, and that the supervision levels are addressed.

Mr. McCollum reported that for several years, the policy of the Board office was that expanded functions duties were restricted to dental assistants. Therefore, dental assistants, who became licensed as dental hygienists were restricted from continuing to provide these services.

Mr. Cope stated that this was a challenge. Mr. Cope stated that these are within the scope of practice; however, the Board has stated that dental hygienists could not perform these services since they are restricted to dental assistants. Dr. Cope believed that the response should have been that these duties fall within the current scope of practice. Rather, the response was to add these list of duties to the scope of practice. Mr. McCollum reiterated that the rulemaking process first started in 2010.

Mr. Cope asserted that this interpretation was a determination by the Dental Board staff. Mr. McCollum stated this was not a determination made by Board staff. Mr. Cope stated that a determination was made that dental hygienists could not perform these expanded functions.

Ms. Braness stated that Board staff had been instructed that dental hygienists could not perform expanded functions. Monitoring of nitrous oxide was the exception since that was already addressed in rule with respect to dental hygienists. Ms. Braness stated that it has only been in the last year or so, during the discussion of the draft rules that anyone has suggested that these services are allowed within the current scope of practice. Ms. Braness stated that they may be allowed within the current scope of practice; however, this was only recently indicated. Ms. Braness believed that this is where Ms. Scott was coming from with her questions.

Mr. McCollum stated that the intent of the drafts was to make the rules clear and concise for everyone.

Ms. Kelly stated that since she's been on the Board, she has stated that there are differences. Ms. Kelly stated that some of the current expanded functions are already addressed in the current scope of practice; though, the discussion has not been this specific.

Ms. Kelly indicated that further comments would be limited as the committee still needed to address a number of matters.

Ms. Kelly asked Ms. Slach and Dr. McCullough how they preferred to proceed. Ms. Kelly asked if it would be best to go back to square one. Ms. Kelly believed that the committee should focus on the level 2 items.

Mr. McCollum asked if the committee agreed with the proposed supervision levels. Mr. McCollum stated that a draft, which would not address education and training, could be submitted

for reconsideration. Mr. McCollum asked the committee to indicate whether they were satisfied with the proposed items listed under general, direct and public health supervision.

Ms. Kelly stated that she was satisfied with the proposed levels of supervision so long as sealants and fluoride were included within the first list of duties. Ms. Slach indicated that these were already addressed separately within the rules.

Ms. Braness stated that she noticed that there was duplication of the requirements for nitrous oxide in the IDHA's proposed draft language. Ms. Braness reported that Board rules already address the use of nitrous oxide in Iowa Administrative Code 650—Chapters 10 and 29. Ms. Braness suggested that this language be revised.

Mr. McCollum stated that if the intent is to include all direct supervision duties in one place that local anesthesia should be included in this list. Mr. McCollum suggested that if there is a heading for direct supervision to be sure to include all direct supervision duties in one place instead of having to refer to multiple places within the rules. This would allow licensees to see a complete list of direct supervision duties in one place.

Ms. Scott asked if this was a change from the current rules. Ms. Kelly indicated that current rules are not always clear about required supervision levels. The proposed language would clarify this. Ms. Kelly stated that this exact language would not need to be used; however, she suggested addressing this in a similar manner.

Ms. Slach indicated that it was confusing having this addressed in multiple places. Ms. Kelly stated that the intent was to clean up the section to make it clearer.

Ms. Kelly asked if Mr. McCollum had sufficient direction to begin work on an updated draft. Mr. McCollum indicated that he understood the committee's preference for training and supervision levels. Ms. Kelly stated that the education and training requirements should not be addressed in the rules. Mr. McCollum stated that this was a recommendation of the committee; however, the Board would have to vote on the committee's recommendation. Mr. McCollum stated, however, that this may simplify things with respect to level 1 procedures.

Mr. McCollum indicated that the primary change would be the issue of supervision levels. Ms. Kelly asked why this would go back to the Board since this was not a change. Mr. McCollum stated that it would be considered a change. Ms. Kelly asked where the change was. Mr. McCollum stated that the current rules do not clearly address the supervision levels. Ms. Kelly indicated that the proposed supervision levels were a change; however, the education requirements would not be since this is not currently addressed in the rules, and should not be included in the draft. Ms. Kelly stated that since the committee was not proposing a change, it should not be something that should go before the Board for a vote; only the supervision levels should be addressed. Mr. McCollum stated that this would be acceptable if the Board does not have concerns with the education levels. Mr. McCollum stated that that was how the original draft was written. Ms. Kelly indicated that this was an IDHA draft. Mr. McCollum clarified that he was referencing his original draft.

Ms. Brown asked to speak about the educational component again. Ms. Brown stated that the survey were unclear. Ms. Brown stated that there weren't clear expectations of the training. Ms. Brown believed that the language used in the survey request was unclear since there are a number of training levels. Ms. Brown indicated that training is provided; however, the level of training may vary. Mr. McCollum stated that the email asked if the programs taught these services to clinical competency. The intent of the survey was to determine if dental hygiene students could go out and perform these services on patients following graduation. Ms. Kelly stated that CODA guidelines do not require that these items be taught to clinical competency. Ms. Kelly indicated that she had reviewed CODA's guidelines.

Mr. McCollum stated that if the education and training requirements are not addressed in the rules, this conversation may become unnecessary. Ms. Brown believed that her students would be able to perform these services. Ms. Brown also indicated that the definition of clinical competency may need to be clarified.

- ❖ MOVED by KELLY, to direct staff to draft rules that only address supervision levels and bring the draft back for consideration to the Board at its next meeting.

Ms. Braness asked for clarification about the motion and which items are intended to be addressed by the motion. Ms. Braness asked if the motion was intended to include level 1 and level 2 tasks. Ms. Kelly stated that the committee did not have any issues with the level 2 items. Ms. Kelly clarified that she was referring to level 1 items.

Ms. Slach stated that the level 1 items had already been discussed. Ms. Slach had more questions or concerns with the level 2 items. Ms. Kelly stated that the level 1 items still needed to be addressed. Mr. McCollum agreed; and stated that if level 1 items were clearly allowed within the current scope of practice, these conversations would not have taken place over the last several years. Ms. Kelly indicated that one item that required consideration were licensed dental hygienists, who were previously registered as dental assistants and completed training in expanded functions. Ms. Kelly thought that this may need to be discussed further.

Ms. Braness stated that Ms. Kelly indicated that her motion was intended to address supervision levels with respect to level 1 duties. Ms. Braness stated that level 2 items were not being addressed at this time. The committee needed to determine if the current supervision language is sufficient, or if it needed to be updated.

- Ms. Kelly withdrew her motion.

Ms. Kelly directed staff to make the changes to the draft for level 1 duties as discussed.

Ms. Scott stated that some of these level 1 tasks were new, and not part of the current scope of practice. Ms. Scott believed that there may still be some confusion about what is currently allowed under the scope of practice, and what would be an addition. Ms. Scott stated that if some of these items were new, that the rules would need to be updated to include these. Ms. Kelly stated that items #1 and #4 on the second list were new. Ms. Scott asked about items #9 and #10 on the first list as those were indicated as being new earlier in this discussion. Ms. Slach discussed these items

and indicated that they would be included in the current scope of practice. Ms. Kelly stated that IDHA brought up items #9 and #10, and believed that they are included in the scope of practice. Ms. Scott asked to clarify that Ms. Kelly did not believe that they would need to be included. Ms. Scott stated that if there is a gap, the draft would need to be updated to address that. Ms. Slach stated that all of the first ten (10) were included in the scope of practice.

Ms. Braness reported that the earlier discussion indicated that items #9 and #10 were new. Ms. Braness indicated that the comments being made during this portion of the discussion appeared to contradict earlier statements. Ms. Braness asked for clarification about these items for the purposes of the minutes.

Ms. Kelly stated that these duties are included in the scope of practice. Ms. Kelly referred to the existing rules, which address the application of medicaments. Ms. Kelly suggested keeping the original language. Mr. McCollum stated that the fact that there has been this much discussion indicated that the current rules are not clear. Mr. McCollum preferred to make the rules as clear and concise as possible to avoid further confusion. Mr. McCollum acknowledged that this has resulted in some delays; however, ideally, the rules need to be clarified with a list of core functions. Mr. McCollum was not proposing a list for every function; however, some of these items needed to be better clarified.

Ms. Stuecker stated that rules needed to address items #9 and #10 from the first list, and items #1 and #4 from the second list. Ms. Kelly stated that items #9 and #10 are modifying the current language. Items #1 and #4 are duties, which are included in the current list of expanded functions, but not currently addressed in the current scope of practice for dental hygienists. Ms. Scott asked to clarify that items #1 and #4 are new. Ms. Kelly confirmed that they were.

Ms. Scott stated that one possibility is to take the list and see if the current language in chapter 10 just needs to be adjusted to make this clearer; a whole new section may not be necessary. Ms. Scott stated that there was no need to duplicate the language. Ms. Scott agreed with Mr. McCollum that the language in chapter 10 is not always clear. Based on comments made during other meetings, it appeared that others may be confused as well. Ms. Kelly stated that the supervision levels could be better clarified.

Ms. Jane Slach asked if the current scope of practice addressed work related to restorative dentistry. Ms. Kelly indicated that it does not. Ms. Jane Slach stated that this may be a point of separation since none of it involved restorative work. Ms. Jane Slach wondered if dental hygienists would be allowed to perform restorative work, or if additional training should be required for those duties. Ms. Kelly stated that there was a reference to provisional restorations. Ms. Kelly stated that this would be considered restorative dentistry.

Ms. Kelly stated that the committee was not discussing the level 2 services at this time. Ms. Jane Slach acknowledged that shaping amalgam and composites is in level 2. Ms. Jane Slach asked for clarification regarding services such as provisional restorations, stainless steel crowns, final impressions, retraction cord, and other related services. Ms. Jane Slach wanted clarification about what the current rules allow dental hygienists to perform these services. Ms. Kelly stated that

some of these services were included in the current scope of practice; though, there was not a specific reference to “restorative” work in the rules.

Ms. Kelly asked Mr. McCollum if he had sufficient direction to draft rules. Mr. McCollum indicated that he looked forward to working with all of the interested parties. Ms. Kelly stated that the recommendation to the Board would be not to take action at this time.

- ❖ MOVED by KELLY, SECONDED by MCCULLOUGH, to direct staff to draft rule revisions to Iowa Administrative Code 650—Chapter 10. Motion APPROVED unanimously.

Ms. Slach asked whether dental hygienists, who completed the education and training in expanded functions while dental assistants, could continue to perform those functions as dental hygienists to move this along. Mr. McCollum stated that less controversial adjustments to the language can be considered. Mr. McCollum reported that he meets with the dental hygiene programs regularly; and that is a question he regularly is asked. Mr. McCollum indicated that something along that line may be acceptable.

Ms. Brown asked if dental assistants obtain a certificate of completion from the Board after completing expanded functions training. Mr. McCollum stated that the Board does not issue that. Ms. Braness reported that dental assistants must maintain proof of Board-approved training on file. Ms. Brown asked if the Board could include language to address dental hygienists who were previously registered as dental assistants and completed training in expanded functions.

Ms. Kelly suggested that interested parties submit comments to Mr. McCollum for inclusion in the next draft.

- *Petition for Rulemaking – Iowa Dental Association – IAC 650—10.5(1), “General Requirements”*
- ❖ MOVED by KELLY, SECONDED by SLACH, to suggest DENIAL of the petition for rulemaking. Motion APPROVED unanimously.
- *Rule Waiver Request – Mackenzie Meyer, R.D.H. – IAC 650—11.7(1)b, “Licensure to Practice Dentistry or Dental Hygiene”*

Ms. Braness provided an overview of the request. Ms. Meyer graduated from dental hygiene school in May 2013. Ms. Meyer did not complete an application for local anesthesia permit within 12 months of having graduated dental hygiene school. Iowa Administrative Code 650—Chapter 11 requires application for local anesthesia permit within 12 months of completing training, or the applicant must document the use of local anesthesia in another state, which allows its use by dental hygienists.

Ms. Braness reported that Ms. Meyer was informed that she could complete a new course in local anesthesia training; however, it is becoming increasingly difficult to locate local anesthesia courses

outside of dental hygiene school since so many graduates make application following graduation. In cases where courses are available, they are often offered out of state.

Ms. Kelly asked if Ms. Meyer was licensed in another state. Ms. Braness stated that Ms. Meyer may also be licensed in South Dakota; however, she has been practicing in Iowa. Ms. Meyer is asking for a waiver of the requirement to make application within 12 months of completing training.

Ms. Scott asked if Ms. Meyer provided documentation of her training. Ms. Braness reported that the school would verify the local anesthesia training, and Ms. Meyer would be required to complete the application process.

- ❖ MOVED by KELLY, SECONDED by SLACH, to recommend APPROVAL of the waiver request.

Ms. Slach stated that local anesthesia would be completed under direct supervision. Ms. Kelly reported that the waiver request also included a letter of reference.

Ms. Kelly stated that Illinois may only require evidence of training. Ms. Braness stated that the application would require Ms. Meyer to submit evidence of training to this office.

- The vote was taken. Motion APPROVED unanimously.

VI. OTHER BUSINESS

There were no items for discussion.

VII. APPLICATIONS FOR LICENSURE & OTHER REQUESTS

- *Christina Martinez, R.D.H.*

This application will be discussed in closed session.

X. 2nd OPPORTUNITY FOR PUBLIC COMMENT

Ms. Kelly allowed the opportunity for public comment.

No comments were received.

VIII. CLOSED SESSION

- ❖ MOVED by KELLY, SECONDED by SLACH, to go into closed session pursuant to Iowa Code 21.5(1)(a) and (d) to discuss and review complaints and other information required by state law to be kept confidential.

Roll Call:

| <u>Member</u> | <u>Kelly</u> | <u>Slach</u> | <u>McCullough</u> |
|---------------|--------------|--------------|-------------------|
| Yes | x | x | x |
| No | | | |
| Absent | | | |

Motion APPROVED by ROLL CALL.

- The Dental Hygiene Committee convened in closed session at 9:09 a.m.

IX. RECONVENE IN OPEN SESSION

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

- The Dental Hygiene Committee reconvened in open session at 9:17 a.m.

X. ACTION ON CLOSED SESSION ITEMS

- ❖ MOVED by McCULLOUGH, SECONDED by SLACH to APPROVE the closed session minutes as submitted. Motion APPROVED unanimously.
- ❖ MOVED by MCCULLOUGH, SECONDED by SLACH to APPROVE the application for Ms. Martinez upon completion of the application requirements. Motion APPROVED unanimously.

XI. ADJOURN

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

The meeting of the Dental Hygiene Committee adjourned at approximately 9:18 a.m. on January 22, 2015.

NEXT MEETING OF THE COMMITTEE

The next meeting of the Dental Hygiene Committee is scheduled for April 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

March 18, 2015

To: Members of the Iowa Dental Board and all interested parties

Re: Draft language to allow dental hygienists to perform expanded function procedures

While the goal is to work on new rule language, the discussion always comes back to which of the current dental assistant expanded function procedures can a dental hygienist perform pursuant to their current scope of practice.

Education and training issues aside, if the procedure is currently listed, it can be legally performed right now, and most likely is, so we need to be sure that we do not create an undue hardship for those offices currently utilizing dental hygienists to perform those procedures. If the Board would like to put additional education and training requirements in place for those procedures, or consider requiring continuing education in those areas, then that should be addressed separate from these rule amendments, as the purpose of these amendments is to allow new procedures to be performed and to set the education and training requirements for them.

Current rule 20.3(3) states that a dentist may delegate an expanded function procedure to a registered dental assistant provided that they have completed board-approved training. It does not say anything about delegating those procedures to a dental hygienist. Board rule 20.2 defines a dental assistant and specifically states that the term 'dental assistant' does not include persons licensed to practice dental hygiene.

My interpretation of these rules is they allow dentists to delegate a group of expanded function procedures to dental assistants that they could not otherwise perform. I am not saying that a dental hygienist cannot perform some of these same procedures, but when they are, they are doing so under their DH license, under the scope of their own practice, as Chapter 20 does not apply to them.

The purpose of these new amendments is to allow dental hygienists to perform these same procedures, so we need to determine which are already covered by their current scope and which procedures need to be added or clarified, so that these rules are clear and concise to everyone.

Currently, here is the list of the nine (9) dental assistant expanded function procedures per 20.3(3):

- 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.

Below is the current scope of practice for a dental hygienist per 10.3(1):

- a. **Educational.** Assessing the need for, planning, implementing, and evaluating oral health education programs for individual patients and community groups; conducting workshops and in-service training sessions on dental health for nurses, school personnel, institutional staff, community groups and other agencies providing consultation and technical assistance for promotional, preventive and educational services.
- b. **Therapeutic.** Identifying and evaluating factors which indicate the need for and performing (1) oral prophylaxis, which includes supragingival and subgingival debridement of plaque, and detection and removal of calculus with instruments or any other devices; (2) periodontal scaling and root planing; (3) removing and polishing hardened excess restorative material; (4) administering local anesthesia with the proper permit; (5) administering nitrous oxide inhalation analgesia in accordance with 650—subrules 29.6(4) and 29.6(5); (6) applying or administering medicaments prescribed by a dentist, including chemotherapeutic agents and medicaments or therapies for the treatment of periodontal disease and caries.
- c. **Preventive.** Applying pit and fissure sealants and other medications or methods for caries and periodontal disease control; organizing and administering fluoride rinse or sealant programs.
- d. **Diagnostic.** Reviewing medical and dental health histories; performing oral inspection; indexing dental and periodontal disease; making occlusal registrations for mounting study casts; testing pulp vitality; analyzing dietary surveys.
- e. The following services may only be delegated by a dentist to a dental hygienist: administration of local anesthesia, placement of sealants, and the removal of any plaque, stain, calculus, or hard natural or synthetic material except by toothbrush, floss, or rubber cup coronal polish.

I am also including Iowa Code 153.15

153.15 Dental hygienists — scope of term. A licensed dental hygienist may perform those services which are educational, therapeutic, and preventive in nature which attain or maintain optimal oral health as determined by the board and may include but are not necessarily limited to complete oral prophylaxis, application of preventive agents to oral structures, exposure and processing of radiographs, administration of medicaments prescribed by a licensed dentist, obtaining and preparing nonsurgical, clinical and oral diagnostic tests for interpretation by the dentist, and preparation of preliminary written records of oral conditions for interpretation by the dentist. Such services shall be performed under supervision of a licensed dentist and in a dental office, a public or private school, public health agencies, hospitals, and the armed forces, but nothing herein shall be construed to authorize a dental hygienist to practice dentistry.

In the table below I have attempted to match the current DA expanded function procedures to the corresponding duties listed in the current scope of practice for a DH. There is always discussion concerning “it’s about the same thing” or “the procedures are similar”, but my goal is to try to match duties that are as identical as possible and then discuss each one individually.

| Current DA Expanded Function procedures | Matching DH scope procedure |
|--|--|
| <ul style="list-style-type: none"> 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. | <ul style="list-style-type: none"> a. making occlusal registrations <u>for mounting study casts</u> b. c. d. e. * see below f. applying or administering medicaments prescribed by a dentist g. Applying pit and fissure sealants and other medications or methods for caries and periodontal disease control AND applying or administering medicaments prescribed by a dentist, including chemotherapeutic agents and medicaments or therapies for the treatment of periodontal disease and caries h. testing pulp vitality i. administering nitrous oxide inhalation analgesia |

Taking occlusal registrations: The closest matching procedure listed in chapter 10 appears to be more specific and limiting, as it states “making occlusal registrations for mounting study casts”. That wording appears to limit the making of such registrations to a specific purpose. That purpose being the positive reproduction of teeth and surrounding structures for the purpose of study and treatment planning. It does not appear to cover occlusal registrations taken for other purposes, such as for full dentures, partials, sleep appliances, etc... I do not know why the more restrictive language was used, but we can’t simply ignore it. My suggestion would be to leave this language as is, to continue to allow hygienists to make occlusal registrations for mounting study casts, and add the broader “Taking occlusal registrations for purposes other than mounting study casts” as an expanded function, which would require additional education and training.

Placement and removal of gingival retraction: This procedure involves the lateral movement of the gingival margin away from the tooth surface and is most generally performed during the preparation of teeth during crown and bridge procedures. Retraction cord is also sometimes used when placing restorations on teeth where the cavity goes below the gum line to provide access to the tooth surface. I do not see a similarly worded procedure listed in chapter 10. While there is no question that hygienists work in the gingiva every day, chapter 10 primarily makes reference to

procedures that are preventive in nature that relate to caries and periodontal disease control, not to restorative procedures or dental prosthesis.

Taking final impressions: I do not see a similarly worded procedure listed in chapter 10.

Fabrication and removal of provisional restorations: I do not see a similarly worded procedure listed in chapter 10. It does list “removing and polishing hardened excess restorative material” but that is specific to the excess material only, not the making or removing of the restoration itself.

***Applying:**

(1) cavity liners and bases: This is part of a restorative procedure. The dentist has already removed the caries. The liner/base is to prevent microleakage, inhibit bacteria growth, and to promote adhesion. I do not see a similarly worded procedure listed in chapter 10.

(2) desensitizing agents: I believe this would be covered under “applying or administering medicaments prescribed by a dentist.”

(3) bonding systems: This is most typically part of a restorative procedure and would not be performed without a dentist present. It is to ensure that the filling material adheres to both the dentin and the enamel. I do not see a similarly worded procedure listed in chapter 10.

Placement and removal of dry socket medication: I believe this would be covered under “applying or administering medicaments prescribed by a dentist.”

Testing pulp vitality: Clearly covered with same wording.

Monitoring of nitrous oxide inhalation analgesia. Clearly covered by the ability to administer nitrous oxide inhalation analgesia.

Below I have listed the new expanded function procedures proposed by the Board’s task force, to see which of the new duties are already covered under the current scope for hygienists. I have removed the first 9 procedures listed above to focus only on the newly listed procedures which would be classified as Level 1 procedures for dental assistants.

| New proposed Expanded function procedures (DA Level 1) | Matching DH scope procedure |
|--|--|
| 10. Removal of adhesives (hand instrumentation only) | removal of any plaque, stain, calculus, or hard natural <u>or synthetic material</u> |
| 11. Preliminary charting of existing dental restorations and teeth | performing oral inspection; indexing dental and periodontal disease + 10.3(3) data collection |

Removal of adhesives (hand instrumentation only): I believe adhesives would be covered under removal of synthetic material, but I would recommend that it be clarified in the new rule so it is clear to everyone.

Preliminary charting of existing dental restorations and teeth: I believe this would be covered by the above wording, but the wording doesn't match. I would recommend that it be clarified in the new rule so it is clear to everyone.

I would recommend that we try to use as similar of wording as possible, so that readers can easily find the same duties listed within this chapter that are listed in chapter 20 for dental assistants.

One option would be to create a Certified Level 1 provider within Chapter 10 to include only those procedures which are not specifically listed within the current scope. Educational and training requirements could then be defined for those new procedures, as could the level of supervision required. These changes would expand the current scope of practice.

The Level 1 procedures for dental hygienists would include:

1. Taking occlusal registrations for purposes other than mounting study casts;
2. Placement and removal of gingival retraction;
3. Taking final impressions;
4. Fabrication and removal of provisional restorations; and
5. Applying cavity liners and bases and bonding systems.

The supervision requirements for these procedures could then be set out in rule. Since the majority of these procedures require the presence of a dentist for an adjunctive procedure, I would suggest that the taking of occlusal registrations for purposes other than mounting study casts could be performed under general supervision, all other expanded function procedures would require direct supervision.

The education and training requirements for these new procedures could then mirror those for dental assistants.

The remaining dental assistant expanded function procedures that are not specifically worded the same, yet are covered under the current scope of a dental hygienist, could then be added to the existing rule language so that they would be clearly identifiable to all. These changes would be for clarification purposes only, and not an expansion of scope.

The removal of adhesives could be added to therapeutic:

- b. **Therapeutic.** Identifying and evaluating factors which indicate the need for and performing (1) oral prophylaxis, which includes supragingival and subgingival debridement of plaque, and detection and removal of calculus with instruments or any other devices; (2) periodontal scaling and root planing; (3) removing and polishing hardened excess restorative material; (4) administering local anesthesia with the proper permit; (5) administering nitrous oxide inhalation analgesia in accordance with 650—subrules 29.6(4) and 29.6(5); (6) applying or administering

medicaments prescribed by a dentist, including chemotherapeutic agents and medicaments or therapies for the treatment of periodontal disease and caries; (7) removal of adhesives.

The preliminary charting of existing dental restorations and teeth could be added to Diagnostic:

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

This would address all eleven (11) of the procedures that are being proposed as Level 1 procedures for dental assistants; it would allow readers to clearly find the same procedures listed in both chapters; it would clearly define the training, education, and supervision requirements; and it would not disrupt care currently being provided by practicing dental hygienists or create any undue hardship.

We could then model the language to cover Level 2 procedures to those being proposed in Chapter 20, so the two would match. For a dental hygienist to be able to perform any of the Level 2 procedures, they must first meet the education and training requirements for ALL of the procedures and become certified as a Level 2 provider, there would be no option to pick and choose individual Level 2 procedures. They must also become certified in ALL Level 1 procedures before beginning training as a Level 2 provider. These requirements mirror the requirements for dental assistants.

Please find attached a Notice of Intended Action incorporating the language discussed above.

Phil McCollum
Associate Director
Iowa Dental Board

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 10, “General Requirements,” Iowa Administrative Code.

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

The interpretation of current rules allow a dental hygienist to remove adhesives and to perform the preliminary charting of existing dental restorations and teeth. These amendments would clarify and list these specific procedures so that the wording is consistent with the procedures listed as expanded function procedures.

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

Any interested person may make written comments on the proposed amendments on or before XXXX, XX, 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 e-mail to phil.mccollum@iowa.gov.

There will be a public hearing on XXXX, XX, 2015, at 2 p.m. 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 amendments are subject to waiver or variance pursuant to 650—Chapter 7.

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

These amendments are intended to implement Iowa Code sections 153.15.

The following amendments are proposed

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

b. Therapeutic. Identifying and evaluating factors which indicate the need for and performing (1) oral prophylaxis, which includes supragingival and subgingival debridement of plaque, and detection and removal of calculus with instruments or any other devices; (2) periodontal scaling and root planing; (3) removing and polishing hardened excess restorative material; (4) administering local anesthesia with the proper permit; (5) administering nitrous oxide inhalation analgesia in accordance with 650—subrules 29.6(4) and 29.6(5); (6) applying or administering medicaments prescribed by a dentist, including chemotherapeutic agents and medicaments or therapies for the treatment of periodontal disease and caries; (7) removal of adhesives.

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

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

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

10.3(8) Expanded Function Requirements

- a. **Supervision requirements.** A dental hygienist may only perform expanded function procedures which are delegated by and performed under the supervision of a dentist licensed pursuant to Iowa Code chapter 153. The taking of occlusal registrations for purposes other than mounting study casts may be performed under general supervision, all other expanded function procedures shall be performed under direct supervision.
- b. **Expanded Function training required.** A dental hygienist shall not perform any expanded function procedures listed in this chapter unless the dental hygienist has successfully met the education and training requirements and is in compliance with the requirements of this chapter.
- c. **Education and training requirements.** All expanded function procedure training must be prior-approved by the Board. The supervising dentist and the dental hygienist shall be responsible for maintaining in each office of practice documentation of successful completion of the board approved training.
- d. **Expanded function procedure training for Level 1 procedures shall be eligible for board approval if the training is offered through a program accredited by the Commission on Dental**

Accreditation of the American Dental Association (ADA) or another program, which may include on-the-job training offered by a dentist licensed in Iowa.

Training must consist of the following:

1. An initial assessment to determine the base entry level of all participants in the program.
 2. A didactic component;
 3. A laboratory component, if necessary;
 4. A clinical component, which may be obtained under the personal supervision of the participant's supervising dentist while the participant is concurrently enrolled in the training program; and
 5. A postcourse competency assessment at the conclusion of the training program.
- e. Expanded function procedure training for Level 2 procedures shall be eligible for board approval if the training is offered through the University of Iowa College of Dentistry or a program accredited by the Commission on Dental Accreditation of the American Dental Association.

10.3(9) Expanded Function Providers.

- a. **Basic Expanded Function Provider.** A dental hygienist who does not wish to become certified as a Level 1 or Level 2 provider may perform select Level 1 expanded function procedures provided they have met the education and training requirements for those procedures and are in compliance with the requirements of this chapter. A dentist may delegate to a dental hygienist only those Level 1 procedures for which the dental hygienist has received the required expanded function training.
- b. **Certified Level 1 Provider.** A dental hygienist must successfully complete training for all Level 1 expanded function procedures before becoming a certified Level 1 provider. A dentist may delegate any of the following expanded function procedures to a dental hygienist who is a certified Level 1 provider:

Level 1 procedures:

1. Taking occlusal registrations for purposes other than mounting study casts ;
 2. Placement and removal of gingival retraction;
 3. Fabrication and removal of provisional restorations;
 4. Applying cavity liners and bases and bonding systems for restorative purposes;
 5. Taking final impressions
- c. **Certified Level 2 Provider.** A dental hygienist must become a certified Level 1 provider and successfully pass a Board-approved entrance exam with a score of at least 75% before beginning training to become a certified Level 2 provider. A dental hygienist must successfully complete training for all Level 2 expanded function procedures before becoming a certified Level 2 provider. A dentist may delegate any of the Level 1 or Level 2 expanded function procedures to a dental hygienist who is a certified Level 2 provider:

Level 2 procedures:

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

These procedures refer to both primary and permanent teeth.