

DENTAL BOARD [650]  
Notice of Intended Action

Pursuant to the authority of Iowa Code 153.33 and 153.34, the Dental Board hereby gives Notice of Intended Action to amend Chapter 26, “Advertising,” to amend Chapter 27, “Standards of Practice and Principles of Professional Ethics,” and to rescind and reserve Chapter 28, “Designation of Specialty” Iowa Administrative Code.

The amended rules will continue to prohibit false or misleading representations as to skill or ability. The amendments in chapters 26 and 27 rescind multiple rules which may impermissibly infringe on constitutional free speech, including, but not limited to, restrictions limiting licensees to advertising as either a general dentist or an American Dental Association (ADA) recognized specialist. Since the Board does not issue licenses in specialty areas, licensees can and do provide the full scope of specialty services. These amendments do not restrict licensees from providing information to consumers about their education, training, and credentials, including their recognition as a specialist by the ADA or another entity. Chapter 28 currently sets forth in detail the specialties that may be advertised and the requirements for those specialties. Because the proposed amendments to chapters 26 and 27 rescind the restriction on advertising of specialties, the Board is also seeking to rescind chapter 28 at this time.

The amendment in chapter 27 additionally update references for codes of ethics for each licensed profession, and refers practitioners to the most updated version of their respective code of professional ethics.

Any interested person may make written comments on the proposed amendments on or before July 13, 2018. 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 July 13, 2018 at 2:00 pm in the Board office, 400 S.W. Eighth Street, Suite D, Des Moines, Iowa, 50309 at which time persons may present their views orally or in writing.

The proposed amendments are not subject to waiver or variance pursuant to 650-chapter 7.

After analysis and review of this rule making, there is no impact on jobs.

CHAPTER 26  
ADVERTISING

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

**650—26.1(153) General.** Communications by inclusion or omission to the public must be accurate. They must not convey false, untrue, deceptive, or misleading information through statements, testimonials, photographs, graphics or other means. Communications must not appeal to an individual's anxiety in an excessive or unfair way; and they must not create unjustified expectations of results. If communications refer to benefits or other attributes of dental procedures or products that involve significant risks, realistic assessments of the safety and efficacy of those procedures or products must also be included, as well as the availability of alternatives and, where necessary to avoid deception, descriptions or assessments of the benefits or other attributes of those alternatives. Communications must not misrepresent a dentist's credentials, training, experience or ability, and must not contain material claims of superiority that cannot be substantiated.

There are several areas that the board believes to be susceptible to deceptive or misleading statements. While the board does not intend to discourage dentists from engaging in any form of truthful, nondeceptive advertising, dentists engaging in the type of advertising listed below shall take special care to ensure that their ads are consistent with these rules.

~~26.1(1) Claims that the service performed or the materials used are professionally superior to that which is ordinarily performed or used or that convey the message that one licensee is better than another when superiority of service or materials cannot be substantiated.~~

~~— 26.1(2) The use of an unearned or nonhealth degree in general announcements to the public.~~

~~— 26.1(3) The use of attainment of an honorary fellowship in an advertisement. An honorary fellowship does not include an award based on merit, study or research. However, the attainment of the fellowship status may be indicated in scientific papers, curriculum vitae, third party payment forms, and letterhead and stationery which is not used for the direct solicitation of patients.~~

**26.1(4) 26.1(1)** Promotion of a professional service which the dentist knows or should know is beyond the dentist's ability to perform.

**26.1(5) 26.1(2)** Techniques of communication which intimidate, exert undue pressure or undue influence over a prospective patient.

~~26.1(6) The use of any personal testimonial attesting to a quality of competence of a service or treatment offered by a licensee that is not reasonably verifiable.~~

~~— 26.1(7) Utilizing any statistical data or other information based on past performance or predication of future success, which creates an unjustified expectation about results that the dentist can achieve.~~

**26.1(8) 26.1(3)** The communication of personally identifiable facts, data, or information about a patient without first obtaining patient consent.

**26.1(9) 26.1(4)** Any misrepresentation of a material fact.

**26.1(10) 26.1(5)** The knowing suppression, omission or concealment of any material fact or law without which the communication would be deceptive.

**26.1(11) 26.1(6)** Any communication which creates an unjustified expectation concerning the potential result of any dental treatment.

**26.1(12) 26.1(7)** Where the circumstances indicate "bait and switch" advertising, the board may require the advertiser to furnish to the board data or other evidence pertaining to those sales at the advertised price as well as other sales. Where the circumstances indicate deceptive advertising, the board will initiate an investigation or disciplinary action as warranted.

**650—26.2(153) Requirements.** The board of dental examiners may require a dentist to substantiate the truthfulness of any assertion or representation of material fact set forth in an advertisement.

**26.2(1)** At the time an advertisement is placed, the dentist must possess and rely upon information which, when produced, would substantiate the truthfulness of any assertion, omission, or representation of material fact set forth in the advertisement.

**26.2(2)** The failure to possess and rely upon the information required in subrule 26.2(1) at the time the advertisement is placed is considered unprofessional conduct. ~~shall be deemed professional misconduct.~~

**26.2(3)** The failure or refusal to provide the factual substantiation to support a representation or assertion when requested by the board is considered unprofessional conduct. ~~shall be deemed professional misconduct.~~

**650—26.3(153) Fees.** Advertising that states a fee must clearly define the professional service being offered in the advertisement. Advertised offers shall be presumed to include everything ordinarily required for such a service.

**650—26.4(153) Public representation.** All advertisement and public representations shall contain the name and address or telephone number of the practitioner who placed the ad.

~~**26.4(1)** If one's practice is referred to in the advertisement, the ad may state either "general/family practice" or the American Dental Association recognized specialty that the practitioner practices.~~

~~**26.4(2)** No dentist may state or imply that the dentist is certified as a specialist when that is not the case. Use of the terms "specialist," "specializing in" or other similar terms in connection with areas that are not recognized as specialties pursuant to 650—Chapter 28 is not permitted.~~

~~**26.4(3)** Dentists may advertise the areas in which they practice using other descriptive terms such as "emphasis on \_\_\_\_\_" or other similar terms.~~

**650—26.5(153) Responsibility.** Each professional who is a principal partner, officer, or licensed professional employee, acting as an agent of the firm or entity identified in the advertisement, is jointly and severally responsible for the form and content of any advertisement offering services or materials.

**650—26.6(153) Advertisement records.** A recording of every advertisement communicated by electronic media, and a copy of every advertisement communicated by print media indicating the date and place of the advertisement shall be retained by the dentist for a period of two years and be made available for review upon request by the board or its designee.

These rules are intended to implement Iowa Code sections 153.33 and 153.34.

[Filed 4/9/79, Notice 10/4/78—published 5/2/79, effective 6/6/79]<sup>1</sup>

[Filed emergency 6/5/79—published 6/27/79, effective 6/5/79]

[Filed 10/11/79, Notice 6/27/79—published 10/31/79, effective 12/5/79]

[Filed emergency 11/30/84—published 12/19/84, effective 11/30/84]

[Filed 12/12/85, Notice 9/11/85—published 1/1/86, effective 2/5/86]

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

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

<sup>1</sup> Effective date of 650—Chapter 26 delayed by the Administrative Rules Review Committee

70 days.

CHAPTER 27  
STANDARDS OF PRACTICE AND  
PRINCIPLES OF PROFESSIONAL ETHICS

**650—27.1(153) General.**

**27.1(1) Dental ethics.** The following principles relating to dental ethics are compatible with the most recent version the Code of Professional Ethics and advisory opinions published in August 1998 by the American Dental Association. These principles are not intended to provide a limitation on the ability of the board to address problems in the area of ethics but rather to provide a basis for board review of questions concerning professional ethics. The dentist's primary professional obligation shall be service to the public with the most important aspect of that obligation being the competent delivery of appropriate care within the bounds of the clinical circumstances presented by the patient, with due consideration being given to the needs and desires of the patient. Unprofessional conduct includes, but is not limited to, any violation of these rules.

**27.1(2) Dental hygiene ethics.** The following principles relating to dental hygiene ethics are compatible with the most recent version of the Code of Ethics of the American Dental Hygienists' Association, published in 1995. ~~Standards of practice for dental hygienists are compatible with the Iowa dental hygienists' association dental hygiene standards of practice adopted in May 1993.~~ These principles and standards are not intended to provide a limitation on the ability of the dental hygiene committee to address problems in the area of ethics and professional standards for dental hygienists but rather to provide a basis for committee review of questions regarding the same. The dental hygienist's primary responsibility is to provide quality care and service to the public according to the clinical circumstances presented by the patient, with due consideration of responsibilities to the patient and the supervising dentist according to the laws and rules governing the practice of dental hygiene.

**27.1(3) Dental assistant ethics.** Dental assistants shall utilize the most recent version of the Principles of Professional dental and dental hygiene Ethics for guidance, and the laws and rules governing the practice of dental assisting as adopted by the American Dental Assistants Association, and the laws and rules governing the practice of dental assisting. These principles and standards are not intended to provide a limitation on the ability of the board to address problems in the area of ethics and professional standards for dental assistants but rather to provide a basis for board review of questions regarding the same. The dental assistant's primary responsibility is to provide quality care and service to the public according to the clinical circumstances presented by the patient, with due consideration being given to the needs and desires of the patient.

**650—27.2(153,272C) Patient acceptance.** Dentists, in serving the public, may exercise reasonable discretion in accepting patients in their practices; however, dentists shall not refuse to accept patients into their practice or deny dental service to patients because of the patient's race, creed, sex or national origin.

**650—27.3(153) Emergency service.** Emergency services in dentistry are deemed to be those services necessary for the relief of pain or to thwart infection and prevent its spread.

**27.3(1)** Dentists shall make reasonable arrangements for the emergency care of their patients of record.

**27.3(2)** Dentists shall, when consulted in an emergency by patients not of record, make reasonable arrangements for emergency care.

**650—27.4(153) Consultation and referral.**

**27.4(1)** Dentists shall seek consultation, if possible, whenever the welfare of patients will be safeguarded or advanced by utilizing those practitioners who have special skills, knowledge and experience.

**27.4(2)** The specialist or consulting dentist upon completion of their care shall return the patient, unless the patient expressly states a different preference, to the referring dentist or, if none, to the dentist of record for future care.

**27.4(3)** The specialist shall be obliged, when there is no referring dentist and upon completion of the treatment, to inform the patient when there is a need for further dental care.

**27.4(4)** A dentist who has a patient referred for a second opinion regarding a diagnosis or treatment plan recommended by the patient's treating dentist, should render the requested second opinion in accordance with these rules. In the interest of the patient being afforded quality care, the dentist rendering the second opinion should not have a vested interest in the ensuing recommendation.

**650—27.5(153) Use of personnel.** Dentists shall protect the health of their patients by assigning to qualified personnel only those duties that can be legally delegated. Dentists shall supervise the work of all personnel working under their direction and control.

**650—27.6(153) Evidence of incompetent treatment.**

**27.6(1)** Licensees or registrants shall report to the board instances of gross or continually faulty treatment by other licensees or registrants.

**27.6(2)** Licensees or registrants may provide expert testimony when that testimony is essential to a just and fair disposition of a judicial or administrative action.

**650—27.7(153) Representation of care and fees.**

**27.7(1)** Dentists shall not represent the care being rendered to their patients or the fees being charged for providing the care in a false or misleading manner.

**27.7(2)** A dentist who accepts a third-party payment under a copayment plan as payment in full without disclosing to the third-party payer that the patient's payment portion will not be collected is engaging in deception and misrepresentation by this overbilling practice.

**27.7(3)** A dentist shall not increase a fee to a patient solely because the patient has insurance.

**27.7(4)** Payments accepted by a dentist under a governmentally funded program, a component or constituent dental society sponsored access program, or a participating agreement entered into under a program of a third party shall not be considered as evidence of overbilling in determining whether a charge to a patient or to another third party on behalf of a patient not covered under any of these programs, constitutes overbilling under this rule.

**27.7(5)** A dentist who submits a claim form to a third party reporting incorrect treatment dates is engaged in making unethical, false or misleading representations.

**27.7(6)** A dentist who incorrectly describes a dental procedure on a third party claim form in order to receive a greater payment or incorrectly makes a noncovered procedure appear to be a covered procedure is engaged in making an unethical, false or misleading representation to the third party.

**27.7(7)** A dentist who recommends or performs unnecessary dental services or procedures is

engaged in unprofessional conduct.

**27.7(8)** A dentist shall not bill for services not rendered. A dentist shall not be prohibited from billing for those services which have been rendered, for actual costs incurred in the treatment of the patient, or for charges for missed appointments.

**27.7(9)** A dentist shall not bill or draw on a patient's line of credit prior to services being rendered. A dentist may bill or draw on a patient's line of credit for those services which have been rendered or for actual costs incurred in the treatment of the patient.

**27.7(10)** A dentist shall not be prohibited from permitting patients to prepay for services, in whole or in part, on a voluntary basis.

[ARC 9218B, IAB 11/3/10, effective 12/8/10]

~~**650—27.8(153) General practitioner announcement of services.** General dentists who wish to announce the services available in their practices are permitted to announce the availability of those services so long as they avoid any communications that express or imply specialization. General dentists shall also state that the services are being provided by a general dentist.~~

**650—27.9 27.8 (153) Unethical and unprofessional conduct.**

**27.9 27.8(1)** Licensee or registrant actions determined by the board to be abusive, coercive, intimidating, harassing, untruthful or threatening in connection with the practice of dentistry shall constitute unethical or unprofessional conduct.

**27.9 27.8(2)** A treatment regimen shall be fully explained and patient authorization obtained before treatment is begun.

**27.9 27.8(3)** A licensee or registrant determined to be infected with HIV or HBV shall not perform an exposure-prone procedure except as approved by the expert review panel as specified in Iowa Code section 139A.22, established by the Iowa department of public health, or if the licensee or registrant works in a hospital setting, the licensee or registrant may elect either the expert review panel established by the hospital or the expert review panel established by the Iowa department of public health for the purpose of making a determination of the circumstances under which the licensee or registrant may perform exposure-prone procedures. The licensee or registrant shall comply with the recommendations of the expert review panel. Failure to do so shall constitute unethical and unprofessional conduct and is grounds for disciplinary action by the board.

**27.9 27.8(4)** Knowingly providing false or misleading information to the board or an agent of the board is considered unethical and unprofessional conduct.

**27.9 27.8(5)** Prohibiting a person from filing or interfering with a person's filing a complaint with the board is considered unethical and unprofessional conduct.

**27.9 27.8(6)** A licensee shall not enter into any agreement with a patient that the patient will not file a complaint with the board.

[ARC 9218B, IAB 11/3/10, effective 12/8/10]

**650—27.10 27.9(153) Retirement or discontinuance of practice.**

**27.10 27.9(1)** A licensee, upon retirement, or upon discontinuation of the practice of dentistry, or upon leaving or moving from a community, shall notify all active patients in writing, or by publication once a week for three consecutive weeks in a newspaper of general circulation in the community, that the licensee intends to discontinue the practice of dentistry in the community, and shall encourage patients to seek the services of another licensee. The licensee shall make reasonable arrangements with active patients for the transfer of patient records, or copies thereof, to the succeeding licensee. "Active patient" means a person whom the licensee has examined,

treated, cared for, or otherwise consulted with during the two-year period prior to retirement, discontinuation of the practice of dentistry, or leaving or moving from a community.

~~27.10~~ **27.9(2)** Nothing herein provided shall prohibit a licensee from conveying or transferring the licensee's patient records to another licensed dentist who is assuming a practice, provided that written notice is furnished to all patients as hereinbefore specified.

**650—~~27.11~~ 27.10 (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~~ **27.10(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~~ **27.10(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 after the date of completion of treatment. Alternatively, one year after completion of treatment, study models and casts may be provided to the patient for retention. Proper safeguards shall be maintained to ensure safety of records from destructive elements.

~~27.11~~ **27.10(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~~ **27.10(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~~ **27.10(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; ARC 1995C, IAB 5/27/15, effective 7/1/15]

**650—27.12 27.11(17A,147,153,272C) Waiver prohibited.** Rules in this chapter are not subject to waiver pursuant to 650—Chapter 7 or any other provision of law.

These rules are intended to implement Iowa Code sections 153.34(7), 153.34(9), 272C.3, 272C.4(1f) and 272C.4(6).

[Filed 9/1/88, Notice 7/27/88—published 9/21/88, effective 10/26/88]

[Filed 2/1/91, Notice 12/12/90—published 2/20/91, effective 3/27/91]

[Filed 1/29/93, Notice 11/25/92—published 2/17/93, effective 3/24/93]

[Filed 7/30/93, Notice 6/9/93—published 8/18/93, effective 9/22/93]

[Filed 7/28/94, Notice 3/30/94—published 8/17/94, effective 9/21/94]

[Filed 1/27/95, Notice 12/7/94—published 2/15/95, effective 3/22/95]

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

[Filed 7/21/00, Notice 5/17/00—published 8/9/00, effective 9/13/00]

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

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

[Filed 1/18/02, Notice 11/14/01—published 2/6/02, effective 3/13/02]

[Filed 4/25/03, Notice 12/11/02—published 5/14/03, effective 6/18/03]

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

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

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

[Filed ARC 9218B (Notice ARC 8846B, IAB 6/16/10), IAB 11/3/10, effective 12/8/10]

[Filed ARC 1995C (Notice ARC 1897C, IAB 3/4/15), IAB 5/27/15, effective 7/1/15]

## CHAPTER 28

### DESIGNATION OF SPECIALTY

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

**650—28.1(153) General review.** A dentist may represent that the dentist is a specialist in the specialties of dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial surgery, orthodontics, pediatric dentistry, periodontics, prosthodontics, or oral and maxillofacial radiology provided the requirements of that area of specialty have been met. The board recognizes there are overlapping responsibilities among the recognized areas of dental practice. However, as a matter of principle, a specialist shall not routinely provide procedures that are beyond the scope of the specialty as defined below.

#### **650—28.2(153) Dental public health.**

—**28.2(1) Definition.** Dental public health is the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice in which the community serves as the patient rather than the individual. It is

concerned with the dental health education of the public, with applied dental research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis.

— **28.2(2) Requirements.**

— *a.* Be a diplomate of the American Board of Dental Public Health; or

— *b.* Have successfully completed a formal graduate or residency training program in dental public health accredited by the Commission on Dental Accreditation of the American Dental Association; or

— *c.* Have limited practice to this area prior to January 1, 1965, and have been permitted to continue to do so pursuant to resolution of the ADA House of Delegates.

**650—28.3(153) Endodontics.**

— **28.3(1) Definition.** Endodontics is the branch of dentistry which is concerned with the morphology, physiology and pathology of the human dental pulp and periradicular tissues. Its study and practice encompass the basic and clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated periradicular conditions.

— **28.3(2) Requirements.**

— *a.* Be a diplomate of the American Board of Endodontics; or

— *b.* Have successfully completed a formal graduate or residency training program in endodontics accredited by the Commission on Dental Accreditation of the American Dental Association; or

— *c.* Have limited practice to this area prior to January 1, 1965, and have been permitted to continue to do so pursuant to resolution of the ADA House of Delegates.

**650—28.4(153) Oral and maxillofacial pathology.**

— **28.4(1) Definition.** Oral and maxillofacial pathology is the specialty of dentistry and discipline of pathology that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes, and effects of these diseases. The practice of oral and maxillofacial pathology includes research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations.

— **28.4(2) Requirements.**

— *a.* Be a diplomate of the American Board of Oral and Maxillofacial Pathology; or

— *b.* Be a fellow in the American Academy of Oral and Maxillofacial Pathology; or

— *c.* Have successfully completed a formal graduate or residency training program in oral and maxillofacial pathology accredited by the Commission on Dental Accreditation of the American Dental Association; or

— *d.* Have limited practice to this area prior to January 1, 1965, and have been permitted to continue to do so pursuant to resolution of the ADA House of Delegates.

**650—28.5(153) Oral and maxillofacial surgery.**

— **28.5(1) Definition.** Oral and maxillofacial surgery is the specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.

— **28.5(2) Requirements.**

— *a.* Be a diplomate of the American Board of Oral and Maxillofacial Surgery; or

— *b.* Be a member of the American Association of Oral and Maxillofacial Surgeons; or

— *c.* Have successfully completed a formal graduate or residency training program in oral surgery accredited by the Commission on Dental Accreditation of the American Dental Association; or

— *d.* Have limited practice to this area prior to January 1, 1965, and have been permitted to continue to do so pursuant to resolution of the ADA House of Delegates.

**650—28.6(153) Orthodontics and dentofacial orthopedics.**

— **28.6(1) Definition.** Orthodontics and dentofacial orthopedics is that area of dentistry concerned with the supervision, guidance and correction of the growing or mature dentofacial structures, including those conditions that require movement of teeth or correction of malrelationships and malformations of their related structures and the adjustment of relationships between and among teeth and facial bones by the application of forces or the stimulation and redirection of functional forces within the craniofacial complex, or both. Major responsibilities of orthodontic practice include the diagnosis, prevention, interception and treatment of all forms of malocclusion of the teeth and associated alterations in their surrounding structures; the design, application and control of functional and corrective appliances; and the guidance of the dentition and its supporting structures to attain and maintain optimum occlusal relations in physiologic and esthetic harmony among facial and cranial structures.

— **28.6(2) Requirements.**

— *a.* Be a diplomate of the American Board of Orthodontics; or

— *b.* Have successfully completed a formal graduate or residency training program in orthodontics accredited by the Commission on Dental Accreditation of the American Dental Association; or

— *c.* Have limited practice to this area prior to January 1, 1965, and have been permitted to continue to do so pursuant to resolution of the ADA House of Delegates.

**650—28.7(153) Pediatric dentistry.**

— **28.7(1) Definition.** The specialty of pediatric dentistry is the practice and teaching of comprehensive preventive and therapeutic oral health care of children from birth through adolescence. It shall be construed to include care for special patients beyond the age of adolescence who demonstrate mental, physical or emotional problems.

— **28.7(2) Requirements.**

— *a.* Be a diplomate of the American Board of Pediatric Dentistry; or

— *b.* Have successfully completed a formal graduate or residency training program in pediatric dentistry accredited by the Commission on Dental Accreditation of the American Dental Association; or

— *c.* Have limited practice to this area prior to January 1, 1965, and have been permitted to continue to do so pursuant to resolution of the ADA House of Delegates.

**650—28.8(153) Periodontics.**

— **28.8(1) Definition.** Periodontics is that specialty of dentistry which encompasses the prevention, diagnosis and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes; and the maintenance of the health, function, and esthetics of these structures and tissues.

— **28.8(2) Requirements.**

— *a.* Be a diplomate of the American Board of Periodontology; or

— *b.* Have successfully completed a formal graduate or residency training program in

periodontics accredited by the Commission on Dental Accreditation of the American Dental Association; or

— *c.* Have limited practice to this area prior to January 1, 1965, and have been permitted to continue to do so pursuant to resolution of the ADA House of Delegates.

**650—28.9(153) Prosthodontics.**

— **28.9(1) Definition.** Prosthodontics is the dental specialty pertaining to the diagnosis, treatment planning, rehabilitation and maintenance of the oral function, comfort, appearance and health of patients with clinical conditions associated with missing or deficient teeth or maxillofacial tissues using biocompatible substitutes.

— **28.9(2) Requirements.**

— *a.* Have fulfilled those requirements prescribed by the American Board of Prosthodontics to be eligible to be examined therein for certification; or

— *b.* Have successfully completed a formal graduate or residency training program in prosthodontics accredited by the Commission on Dental Accreditation of the American Dental Association; or

— *c.* Have limited practice to this area prior to January 1, 1965, and have been permitted to continue to do so pursuant to resolution of the ADA House of Delegates.

**650—28.10(153) Oral and maxillofacial radiology.**

— **28.10(1) Definition.** Oral and maxillofacial radiology is the specialty of dentistry and discipline of radiology concerned with the production and interpretation of images and data produced by all modalities of radiant energy that are used for the diagnosis and management of diseases, disorders, and conditions of the oral and maxillofacial region.

— **28.10(2) Requirements.**

— *a.* Be a diplomate of the American Board of Oral and Maxillofacial Radiology; or

— *b.* Have successfully completed a formal graduate or residency training program in oral and maxillofacial radiology accredited by the Commission on Dental Accreditation of the American Dental Association.

These rules are intended to implement Iowa Code section 153.13.

[Filed 4/9/79, Notice 10/4/78 — published 5/2/79, effective 6/6/79]<sup>+</sup>

[Filed emergency 6/5/79 — published 6/27/79, effective 6/5/79]

[Filed 10/11/79, Notice 6/27/79 — published 10/31/79, effective 12/5/79]

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

[Filed 1/29/93, Notice 11/25/92 — published 2/17/93, effective 3/24/93]

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

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

[Filed 1/18/02, Notice 11/14/01 — published 2/6/02, effective 3/13/02]

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

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

<sup>+</sup>—Effective date of Chapter 28 delayed by the Administrative Rules Review Committee 70 days.