The mission of the Iowa Dental Board is to ensure that all Iowans receive professional, competent, and safe dental care of the highest quality.

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


COMMITTEE MEETINGS:

8:30 AM DENTAL HYGIENE COMMITTEE
(See separate agenda)

9:15 AM EXECUTIVE COMMITTEE

10:00 AM BOARD MEETING:

OPEN SESSION:

I. CALL MEETING TO ORDER – ROLL CALL
   Steven Bradley

II. 1ST OPPORTUNITY FOR PUBLIC COMMENT
   Steven Bradley

III. APPROVAL OF OPEN SESSION MINUTES
   a. April 6, 2018
   b. April 27, 2018 - Teleconference
   Steven Bradley

IV. PUBLIC HEALTH SUPERVISION REPORTS AND I-SMILE PRESENTATION
   Tracy Rodgers, IDPH and Rachael Patterson-Rahn, I-Smile Coordinator

V. REPORTS

   A. EXECUTIVE DIRECTOR’S REPORT
      Jill Stuecker
B. BUDGET REPORT

Jill Stuecker

C. LEGAL REPORT

Sara Scott

D. ANESTHESIA CREDENTIALS COMMITTEE REPORT

Christel Braness

a. Actions Taken by the Committee on General Anesthesia & Moderate Sedation Permit Applications

b. Other Committee Recommendations, if any

E. CONTINUING EDUCATION COMMITTEE REPORT

Lori Elmitt

a. Vote on Recommendations: Continuing Education Course Applications

b. Vote on Recommendations: Continuing Education Sponsor Applications

c. Vote on IDB Con Ed Logo

d. Other Committee Recommendations, if any

F. LICENSURE/REGISTRATION COMMITTEE REPORT

Tom Jeneary

(Pursuant to Iowa Code § 21.5(1)(a) some licensure/registration information is required by state or federal law to be kept confidential).

a. Recommendations by the Committee on Applications

i. Peter Straub, DDS

G. DENTAL HYGIENE COMMITTEE REPORT

Mary Kelly

a. Committee Meeting Overview

b. Vote on Actions Taken (for Board Ratification)

i. Vote on Criteria for Nominating Clinical Board Examiners

ii. Vote to Nominate Examiners to CRDTS

1. Becky McCarl, RDH

2. Holly Hunter, RDH

3. Kelli Collins, RDH

4. Tena Springer, RDH

iii. Amber Daughenbaugh, Application for RDH License

H. EXAMINATION REPORTS

Steven Bradley

a. CRDTS - Dental Steering Committee

Nancy Slach

b. CRDTS - Dental Hygiene Examination Review Committee

Will McBride

c. CRDTS - Dental Examination Review Committee

I. IOWA PRACTITIONER PROGRAM REPORT

Jill Stuecker

a. Quarterly Update

VI. ADMINISTRATIVE RULES

Phil McCollum


Please Note: At the discretion of the Board Chair, agenda items may be taken out of order to accommodate scheduling requests of Board members, presenters or attendees or to facilitate meeting efficiency.

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.
b. Vote on Adopted and Filed: Iowa Administrative Code 650 – Chapter 1, “Administration”
c. Vote on Adopted and Filed: Iowa Administrative Code 650 – Chapter 11, “Licensure to Practice Dentistry or Dental Hygiene”
d. Discussion on Draft Revisions to Iowa Administrative Code 650 – Chapter 29, “Sedation and Nitrous Oxide Inhalation Analgesia”
   i. Discussion on Sedation Waivers Which Have Been Previously Granted
e. Discussion on Draft Revisions to Expanded Function Rules and Update on Expanded Functions Committee
f. Discussion on Discontinuation of Practice Rules

VII. OTHER BUSINESS

   Jill Stuecker
   a. Discussion on Sealants for Expanded Function Trained Dental Assistants
   b. Discussion on Iowa Department of Corrections Request on Public Health Supervision
   c. Update on HF 2377 and Opioid Task Force
   d. Vote on Impact Dental Remediation Request
   e. Vote on Officers
   f. Vote on Committee Appointments
   g. Update on IDB Strategic Plan

VIII. APPLICATIONS FOR LICENSURE/REGISTRATION & OTHER REQUESTS (Pursuant to Iowa Code § 21.5(1)(a) some licensure/registration information is required by state or federal law to be kept confidential).

   Christel Braness
   a. Quarterly Ratification of Applications Issued

IX. 2nd OPPORTUNITY FOR PUBLIC COMMENT

   Steven Bradley

CLOSED SESSION:

I. Executive Director Annual Performance Evaluation (Closed session pursuant to Iowa Code Section 21.5(1)(i) to evaluate the professional competency of an individual whose performance is being considered when necessary to prevent needless and irreparable injury to that individuals reputation and that individual requests a closed session).

II. ITEMS FOR REVIEW AND DISCUSSION

   a. Closed Session Minutes, January 25, 2018 and April 27, 2018 Teleconference (Closed session pursuant to Iowa Code § 21.5(1)(a) “to review or discuss records which are required or authorized by state or federal law to be kept confidential...”, specifically to review or discuss information that is confidential under Iowa Code § 21.5(4)).
   b. Compliance with Board Orders (Closed session pursuant to Iowa Code § 21.5(1)(a) to review information required by state or federal law to be kept confidential, specifically Iowa Code § 272C.6(4) and Iowa Code § 21.5(1)(d) to discuss whether to initiate licensee disciplinary investigations or proceedings).

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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.
c. **Board Appearance** (Closed session pursuant to Iowa Code § 21.5(1)(d) to discuss whether to initiate licensee disciplinary investigations or proceedings and pursuant to Iowa Code § 21.5(1)(a) to review or discuss records which are required or authorized by state or federal law to be kept confidential, specifically information that is confidential under Iowa Code § 272C.6(4)).

d. **Investigative Reports** (Closed session pursuant to Iowa Code § 21.5(1)(d) to discuss whether to initiate licensee disciplinary investigations or proceedings and pursuant to Iowa Code § 21.5(1)(a) to review or discuss records which are required or authorized by state or federal law to be kept confidential, specifically information that is confidential under Iowa Code § 272C.6(4)).

e. **New Complaints** (Closed session pursuant to Iowa Code § 21.5(1)(d) to discuss whether to initiate licensee disciplinary investigations or proceedings and pursuant to Iowa Code § 21.5(1)(a) to review or discuss records which are required or authorized by state or federal law to be kept confidential, specifically information that is confidential under Iowa Code § 272C.6(4)).

f. **Additional Information on Previous Complaints** (Closed session pursuant to Iowa Code § 21.5(1)(d) to discuss whether to initiate licensee disciplinary investigations or proceedings and pursuant to Iowa Code § 21.5(1)(a) to review or discuss records which are required or authorized by state or federal law to be kept confidential, specifically information that is confidential under Iowa Code § 272C.6(4)).

g. **Combined Statement of Charges, Settlement Agreement and Final Order** (Closed session pursuant to Iowa Code § 21.5(1)(d) to discuss whether to initiate licensee disciplinary investigations or proceedings, and Iowa code § 21.5(1)(f) to discuss the decision to be rendered in a contested case).

h. **Hygiene Committee** (Closed session pursuant to Iowa Code § 21.5(1)(d) to discuss whether to initiate licensee disciplinary investigations or proceedings and pursuant to Iowa Code § 21.5(1)(a) to review or discuss records which are required or authorized by state or federal law to be kept confidential, specifically information that is confidential under Iowa Code § 272C.6(4)).

i. **Application for Licensure/Registration** (Closed session pursuant to Iowa Code § 21.5(1)(a) to review information required by state or federal law to be kept confidential).

**OPEN SESSION**

**III. ACTION, IF ANY, ON CLOSED SESSION AGENDA ITEMS**

a. Closed Session Minutes: January 25, 2018; and April 27, 2018

b. Compliance with Board Orders

c. Board Appearance

d. Investigative Reports

e. New Complaints

f. Additional Information on Previous Complaints

g. Combined Statement of Charges, Settlement Agreement and Final Order

h. Hygiene Committee

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i. Application for Licensure/Registration

IV. ADJOURN

NEXT REGULARLY-SCHEDULED MEETING: AUGUST 3, 2018
IOWA DENTAL BOARD

MINUTES
April 6, 2018
Conference Room
400 S.W. 8th St., Suite D
Des Moines, Iowa

Board Members
Steven Bradley, D.D.S., Present
Michael Davidson, D.D.S. Present
Thomas Jeneary, D.D.S. Absent
Monica Foley, D.D.S. Present
William McBride, D.D.S. Present
Mary Kelly, R.D.H. Present
Nancy Slach, R.D.H. Present
Bruce Thorsen, Public Member Present
Lori Elmitt, Public Member Present

Staff Members
Jill Stuecker, Phil McCollum, Christel Braness, Amy Jackson, David Schultz, Dee Ann Argo

Attorney General’s Office
Sara Scott, Assistant Attorney General

Other Attendees
Jennifer Buren, Iowa Society of Orthodontists
Tom Cope, Iowa Dental Hygienists' Association
Lisa Holst, D.D.S.
Steven Thies, D.D.S., Iowa Academy of General Dentistry
Donnella Miller, R.D.H.
Windy Ayres, R.D.H.
Mary Kay Brinkman, R.D.H.
Nancy Miller, R.D.H.
Nancy Adrianse, R.D.H., Iowa Primary Care Association
Lori Brown, R.D.H., Des Moines Area Community College
Keith Krell, D.D.S.
Oliver L. Willham, D.D.S.
Marc Welge, D.D.S.
Lynh Patterson, Delta Dental of Iowa
I. CALL TO ORDER FOR APRIL 6, 2018

Dr. Bradley called the meeting of the Iowa Dental Board to order at 10:00 a.m., on Friday, April 6, 2018.

Roll Call:

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<th>Davidson</th>
<th>Elmitt</th>
<th>Foley</th>
<th>Jeneary</th>
<th>Kelly</th>
<th>McBride</th>
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A quorum was established with eight (8) members present.

II. 1st OPPORTUNITY FOR PUBLIC COMMENT

Dr. Bradley allowed the opportunity for public comment.

Ms. Cownie, attorney for the Iowa Dental Association, thanked the Board for providing a second option for consideration.

Dr. Gleason spoke about the proposed changes to the use of silver diamine fluoride. Dr. Gleason recommended that silver diamine fluoride be used under the supervision of a licensed dentist to provide an examination to determine whether a patient is a good candidate. Dr. Gleason stated that proper follow up, at appropriate intervals for reapplication, is necessary for this to be a good option for dental care.

Dr. Christiansen thanked the Board for their service. Dr. Christiansen was opposed to the removal of regulations addressing specialty advertising. Dr. Christiansen believed that the Board should have some requirements for a practitioner to claim a specialty. Dr. Christiansen provided an example of a licensee who claimed to be an orthodontist, when the practitioner had not met the requirements to claim that specialty under current rules. Dr. Christiansen was in favor of revising the regulations related to specialty advertising as opposed to completely removing them.
An orthodontic resident in attendance indicated that he would be completing his residency in orthodontics this spring. He agreed with the previous comments, and was in favor of revision as opposed to elimination of regulation of specialty advertising.

Dr. Swenson, a pediatric dentist, stated that he was opposed to the removal of the specialty advertising requirements. Dr. Swenson recommended that the Board revise the rules as an alternative to rescission.

Dr. Stufflebeam, current president of Iowa Academy of Pediatric Dentistry, stated that he was attending on behalf of his patients. Dr. Stufflebeam recommended reasonable regulation to address concerns.

Dr. Krell, an endodontist, believed that there was some confusion about what specialists can do. Dr. Krell previously submitted comments in January 2018 regarding the proposed changes. Dr. Krell encouraged the Board to revise the regulations rather than repeal them entirely.

Dr. Krell referenced the Commission on Dental Accreditation (CODA) and its process of accrediting specialty programs to ensure sufficient knowledge and skill. Dr. Krell also discussed the change in the CODA recognition system, which is no longer a direct part of the ADA. Dr. Krell stated that the new advanced training committee had only recently started meeting, and would benefit from additional time to address these concerns. Dr. Krell believed that this would allow them to review all of the specialties and reconsider granting recognition of specialty status to other areas.

Mr. Cope, Iowa Dental Hygienists' Association, spoke about the proposed rule changes related to the use of silver diamine fluoride under public health supervision. The practice of dental hygiene, with the exception of educational services, requires supervision by a licensed dentist. The language has been reviewed and amended as a way of ensuring that these requirements are met.

An unidentified person in attendance reported that many patients do not understand the difference between a general practitioner and an orthodontist. He was in favor of revision over repealing all regulations related to specialty advertising.

Mr. Murphy reported that he was attending on the behalf of the Iowa Society of Orthodontists and American Association of Orthodontists. Mr. Murphy stated that the Board should work to protect the public. Mr. Murphy recommended that the Board revise the regulations for specialty advertising, and was opposed to rescission. Mr. Murphy believed that option B allows the Board to minimize its liability, while addressing concerns related to the recent court cases.

Mr. Murphy addressed the intent of rescission with respect to taking disciplinary action against those who advertise in a dishonest or misleading manner. Mr. Murphy reported that in 2017, the American Association of Orthodontists filed a complaint against Smile Direct Club regarding advertising. To date, Mr. Murphy was unaware of any action having been taken in response to those complaints. As a result, Mr. Murphy did not trust that complaints would be a legitimate means of taking action where needed.
Dr. Beltrame, lobbyist for the Iowa Dental Association, indicated that Dr. Gleason would like to address Item IX of the agenda related to teeth whitening. Dr. Gleason indicated that the Iowa Dental Association wished to find a way to help the Board with its resource issue. Dr. Gleason stated that there have been discussions about how to assist the Board in these cases to better address the concerns at hand. Mr. Beltrame stated that the Iowa Dental Association would be willing to work with legislators and other interested parties to assist the Board in obtaining the resources needed to better address these issues.

III. APPROVAL OF OPEN SESSION MINUTES

- January 25-26, 2018 – Quarterly Meeting

- Moved by KELLY, SECONDED by THORSEN, to APPROVE the meeting minutes as submitted. Motion APPROVED unanimously.

IV. PORTFOLIO UPDATE

Ms. Stuecker reported that Dr. Kanellis was unable to attend the meeting. Ms. Stuecker provided a brief update on the portfolio examination process. To date, one student, who is scheduled to graduate in 2020, has applied for the examination. The University of Iowa College of Dentistry has calibrated 17 faculty members to move forward with implementation of the examination. A group calibration of the dental members of the Board has not yet scheduled.

Dr. Bradley asked about the process for auditing the examination results. Ms. Stuecker stated that the details of that needed to be worked out and implemented. There was some further discussion about the implementation of the new examination and potential concerns.

V. REPORTS

EXECUTIVE DIRECTOR’S REPORT

Ms. Stuecker reported that the Board published its second annual report. Ms. Stuecker thanked the staff members involved in its development. Copies were available to the public at the meeting.

BUDGET REPORT

Ms. Stuecker provided an overview of the FY2018 budget, and discussed some of the expenditures to date.

There was a question about a charge related to the state vehicle. Ms. Stuecker clarified that the Board had been charged for another agency’s expenses in error. This report showed the credit to correct the billing error.
LEGAL REPORT

Ms. Scott briefly discussed the role of the attorney general as a representative for the Board. When it comes to rules and legislation, Ms. Scott provides legal advice on behalf the public and the Board. There have been several instances where there was a lot of legal advice offered to the Board. Ms. Scott appreciates that the legal advice from members of the public; however, Ms. Scott’s primary interest is to serve the public and the Board. Ms. Scott also needs to be able to defend the Board in case of litigation. Ms. Scott will continue to bring matters of concern to the Board’s attention.

ANESTHESIA CREDENTIALS COMMITTEE REPORT

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

Ms. Stuecker provided a brief overview of the committee’s recent meetings and recommendations.

The rule waiver request and discussion regarding the proposed rule updates were discussed later in the meeting.

CONTINUING EDUCATION COMMITTEE REPORT

- Vote on Recommendations: Continuing Education Course Applications
- Vote on Recommendations: Continuing Education Sponsor Applications
- Other Committee Recommendations, if any

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

- MOVED by ELMITT, SECONDED by MCBRIDE, to APPROVE the recommendations as submitted. Motion APPROVED unanimously.

LICENSURE/REGISTRATION COMMITTEE REPORT

- Recommendations by the Committee on Applications

Ms. Stuecker reported that the committee had reviewed applications from foreign graduates for issuance of resident dental licenses due to enrollment at the University of Iowa College of Dentistry.

DENTAL HYGIENE COMMITTEE REPORT

- Committee Meeting Overview
- Vote on Actions Taken
Ms. Kelly provided an overview of the committee meeting. Ms. Kelly reported that the committee recommended approval of the Notice of Intended Action or Iowa Administrative Code 650 – chapters 10 and 16 as drafted. The committee also recommended approval of the rule waiver from Ms. Koppin that she submitted on behalf of Ms. Hanson.

Ms. Kelly reported that the committee discussed joining WREB as a member state for the dental hygiene examination. The committee voted to approve the recommendation for membership in WREB. Ms. Kelly and Ms. Slach will serve as examiners.

Ms. Kelly also reported that the committee updated the procedure for appointing clinical examiners who are not members of the Board. Ms. Kelly provided an overview of the new process.

Ms. Kelly stated that there was also discussion about new patient visits and some of the new policies established in the 2018 CDT, which the insurance companies have been following for the purposes of reimbursement. The recommendation is that an examination for a new patient and debridement should not be reimbursed completed during the initial appointment. Ms. Kelly stated that rules require an examination on the same date of initial visit for a new patient. The process for insurance payment and reimbursement should be handled as a secondary matter.

Ms. Kelly stated that the committee recommended that discussions with the supervising dentist related to the need for a debridement be documented in the patient record.

MOVED by KELLY, SECONDED by SLACH, to APPROVE the recommendation to join the Western Regional Examining Board as a member state. Motion APPROVED unanimously.

- Vote on Other Recommendations
  - Vote on Notice of Intended Action: Iowa Administrative Code 650 – Chapter 10, “General Requirements” and Iowa Administrative Code 650 – Chapter 16, “Prescribing, Administering, and Dispensing Drugs”

Mr. McCollum provided an overview of the proposed changes. The proposed changes would do the following:
- Remove the prohibition of ownership of a dental practice by a dental hygienist;
- Update public health supervision requirements for dental hygienists;
- Implement procedures for the use of silver diamine fluoride in public health supervision; and
- Update the requirements for notifying the Board of a change in name or address.

Mr. McCollum addressed each of these points in more detail. With respect to the prohibition on ownership, the new rules move away from focusing on employment issues, and focus on requirements for supervision by a licensed dentist.
MOVED by KELLY, SECONDED by SLACH, to APPROVE the Notice of Intended Action for chapters 10 and 16 as drafted. Motion APPROVED unanimously.

EXAMINATION REPORTS

- **CRDTS – Dental Steering Committee**

Dr. Bradley reported that the Dental Steering Committee met in January 2018. The committee discussed specialty advertising since many states were facing the same issue. The committee was interested to see how Iowa and other states proceed.

- **CRDTS – Dental Hygiene Examination Review Committee**

Ms. Slach stated that the committee had not met recently and did not have a report.

- **CRDTS – Dental Examination Review Committee**

Dr. McBride stated that the committee had not met recently and did not have a report.

Ms. Slach asked about the number of examiners assigned to the dental examinations. Ms. Slach stated that at the University of Iowa College of Dentistry, which recently completed the CRDTS examination, there were some issues with delays in the review of certain procedures. On occasion, this led to issues with students not having sufficient time to complete subsequent procedures. Ms. Slach asked whether the committee had discussed that.

Ms. Slach also inquired about the periodontal portion of the dental examination. Ms. Slach reported that CRDTS allows dental hygienists to pick any six teeth in the periodontal examination for dental hygienists and believed that this assisted with patient acceptance. Ms. Slach was aware that the dental examination has not accepted this same standard, and asked if the committee would consider allowing this.

IOWA PRACTITIONER PROGRAM REPORT

- **Quarterly Update**

Ms. Stuecker provided an update on the committee. There are currently eight participants. There was one new self-report in the last quarter.

Ms. Stuecker provided a brief overview of the IPRC for those in attendance, who may be unfamiliar with the program. Mr. McCollum noted that participation is confidential, and that the Board members are unaware of the names of the participants. Ms. Scott also addressed some of the other reasons for self-report to the IPRC, including mental health and physical issues.

VI. **ADMINISTRATIVE RULES**

Mr. McCollum provided an overview of the updated regulatory plan. The regulatory plan has been updated to reflect additional rulemaking, which the Board intends to address during the next year.

- **Vote on Notice of Intended Action:**

Ms. Stuecker provided an overview of discussions related to this matter and acknowledged that this had been a difficult issue to resolve. Ms. Stuecker reported hearing that there was frustration around the fact that the Board was discussing changes to advertising rules, and reminded the group that as a state agency entrusted with public funds the board had an obligation to take a known problem seriously. The Board has been clear, through a full year of discussion and dialogue on this issue that the rules need to be changed.

Mr. McCollum stated that there appeared to be some confusion about the rulemaking process, as related to these rules. Mr. McCollum discussed the process for adopting rule changes. Mr. McCollum noted that the formal rulemaking process would begin following approval by the Board of a Notice of Intended Action on this matter.

Mr. McCollum provided an overview of the options before the Board.
- Option A: This option would rescind all regulation specifically related to advertising a specialty. The changes would not affect the practice of dentistry or scope of practice; however, it would remove all restriction for use of terms “specialty” and “specialist.”
- Option B: This option would amend the regulations for claiming a specialty in Iowa. It would recognize ADA and the ABDS as specialty-recognizing bodies. It would also provide a pathway for recognition of other specialties in the future.

Dr. Bradley asked each of the Board members to comment on this issue.

Ms. Slach expressed some concern about the fact that not all ABDS specialties require a residency training program to obtain a specialty certification. Ms. Stuecker provided an overview of the five pathways to obtain an implant specialty certification through the ABDS.

In general, the Board members expressed a preference for option B since it addressed concerns on both sides of the issue. Ms. Elmitt agreed with most of the previous comments; however, Ms. Elmitt would also like to see patients better educated in regards to these issues.

Dr. McBride stated that option B is a good starting point, with the understanding that the Board may need to revisit this issue in the future as the need arises.
MOVED by KELLY, SECONDED by DAVIDSON, to APPROVE the Notice of Intended Action in option B as currently drafted.

Ms. Slach asked about the history of the ABDS. Dr. Gleason provided a brief overview of the history of the ABDS and how it came to be created.

Ms. Slach stated that she has a problem with the fact that the ABDS was not being overseen by an independent party to address potential conflicts of interest. There was some discussion related to training and certification processes by CODA and the ABDS.

Dr. Bradley noted that the attorneys for the ADA and ABDS addressed much of this at the January 2018 when they presented to the Board.

Vote taken. Motion APPROVED unanimously.

The Board took a brief recess.

The Board reconvened in open session approximately 15 minutes later.

Vote on Notice of Intended Action: Iowa Administrative Code 650 – Chapter 11, Licensure to Practice Dentistry and Dental Hygiene; and Iowa Administrative Code 650 – Chapter 20, Dental Assistants

Mr. McCollum provided an overview of the Notice of Intended Action. The intended changes would better update the process for review of applications, and better define intent of the Licensure/Registration Committee.

MOVED by ELMITT, SECONDED by DAVIDSON, to APPROVE the Notice of Intended Action as drafted. Motion APPROVED unanimously.

Discussion on Draft Revisions to Iowa Administrative Code 650 – Chapter 29, “Sedation and Nitrous Oxide Inhalation Analgesia”

Mr. McCollum provided an overview of the proposed changes. The proposed changes would better clarify when sedation services could be delegated to another licensed dentist or other health care professional as allowed by rule. Another addition would be to clarify the level of supervision required when delegating dental services to an auxiliary for a patient under moderate sedation or deep sedation/general anesthesia.

Ms. Kelly asked about delegation of sedation in hospital settings. Mr. McCollum clarified that the Board rules would only address sedation provided in a dental facility since hospitals have their own procedures and standards, which exceed that of a dental office.

There was some discussion about the level of supervision required during sedation. Ms. Braness noted that this was updated in a later draft, which had not yet been distributed to the Board.
There was additional discussion about the advantage of delegating those procedures and what regulations might inhibit that.

Dr. Davidson asked about an example of limited delegation in terms of what services could or could not be delegated to another dentist. There may need to be some clarification about who is allowed to work under sedation without restriction. The intention of the changes would be to limit the delegation of sedation services, without limiting the delegation of dental services while a patient has been sedated by an approved sedation provider. Staff will work on this further to better clarify the intent.

- Discussion on Draft Teledentistry Rules

Ms. Stuecker provided an overview of the draft. This draft was intended to be the start of the conversation about this. Currently, the Iowa Dental Board does not have telehealth rules.

Ms. Stuecker asked the Board for some input on how to proceed with this. The Board members recommended a work group be established to assist with the review and development of these rules. Ms. Stuecker asked if the Board wished to approve the members of the working group prior to starting on this. The Board indicated that Ms. Stuecker could select the members to further this discussion.

VII. ADMINISTRATIVE RULE WAIVERS

- Rule Waiver Request: Lisa Koppin on behalf of Lezah Hanson, R.D.H., Iowa Administrative Code 650 – Chapter 10.5(2), Public health supervision allowed

Ms. Stuecker reported that this waiver was previously discussed at the January 2018 meeting. The Board requested additional information, which was forwarded for review and consideration. Ms. Stuecker provided an updated summary of her clinical experience to date.

The Dental Hygiene Committee recommended approval of the waiver.

- MOVED by KELLY, SECONDED by SLACH, to APPROVE the request for waiver. Motion APPROVED unanimously.

- Rule Waiver Request: Brian Bouck, D.D.S., Iowa Administrative Code 650 – Chapter 29.5, Permit Holders and Iowa Administrative Code – Chapter 29.3, Requirements for the issuance of deep sedation/general anesthesia permits

Ms. Stuecker provided an overview of this request. The Anesthesia Credentials Committee reviewed the additional information with respect to the waiver request. They recommended denial of the waiver due to the concerns with respect to patient safety.

Ms. Scott stated that the new concerns related safety and protection of the public, which is one of the components for review of a rule waiver request. There are concerns about a dentist delegating
general anesthesia when the dentist has not undergone training to fully understand the implications of offering this service to the patient.

❖ MOVED by DAVIDSON, SECONDED by MCBRIDE, to DENY the rule waiver due the safety concerns as noted by the Anesthesia Credentials Committee and staff.

Ms. Kelly asked about the waivers that were previously granted by the Board. Ms. Scott stated that each waiver is reviewed individually. The process for review of waivers such as these has changed; and the Board cannot ignore the new information. The Board may need to review and address the previous rule waivers in the future.

Dr. Davidson stated that the other waivers may be rescinded. Ms. Scott stated that this would need to be addressed as a separate process as appropriate.

❖ Vote taken. Motion APPROVED unanimously.

VIII. LEGISLATIVE UPDATES

Ms. Stuecker reported that HF2377 was still being discussed by the legislature. The current language of the bill would mandate use of the Prescription Monitoring Program (PMP) prior to prescribing an opioid. MS. Stuecker noted that the PMP was currently in the process of being upgraded, which will make the PMP more user friendly. Ms. Stuecker believed that some of the changes will make the PMP easier to use.

The bill also proposed a mandate for e-prescribing of all prescriptions, including controlled substances, beginning January 1, 2020. The bill would also implement requirements for activity prescriber reports, proactive notifications to alert practitioners to patient concerns, and require licensing boards to establish a process for disciplinary action of practitioners who prescribe opioids in excessive amounts. Additionally, there is a requirement for continuing education. If signed into law, the Board will need to promulgate rulemaking to implement the statutory requirements.

Mr. Beltrame stated that the bill was being held up due to a number of issues. Mr. Beltrame believed that the bill will eventually pass, and be signed into law. The IDA has worked with the legislators on the wording concerning the implementation date of the e-prescribing requirement.

Ms. Kelly asked about another piece of proposed legislation which placed limitations on the ability of agencies to write rules. Ms. Stuecker stated that she did not believe that bill had advanced.

A question was raised about the potential continuing education requirements for opioids, and what those requirements would be. Ms. Stuecker stated that it would be left up to the Board to establish those requirements. Ms. Stuecker stated that stakeholders would be engaged in those discussions.

IX. OTHER BUSINESS

- Iowa Dental Association Complaint on Tooth Whitening
  - Smile Labs Iowa, 509 North Adams Street, Carroll, IA
ii. Smile Labs Iowa, 110 Main Street, Ames, IA
   • Janice Elbert Complaint on Tooth Whitening
     i. Fierce Salon & Spa, 202 3rd Street, Swea City, IA
     • Dr. Martin Gleason Complaint on Tooth Whitening
       i. Picture Perfect Salon and Tan, 200 West Burlington Ave, Fairfield, IA

Ms. Stuecker opened this up to Board discussion. Ms. Stuecker reminded the Board that they had previously directed staff to turn these cases over to the county attorney.

Ms. Scott addressed the previous direction by the Board. Because it was determined that there is a resource issue with investigations, the Board has previously determined to forward these cases to the respective county attorney offices without investigation.

Ms. Scott reminded the Board of their options, which are to
- Close the complaints without action; or
- Refer the complaints for further investigation, and bring them back to the Board for further discussion.

Ms. Elmitt was in favor of investigation. Dr. McBride asked if the Board would need to investigate each of the complaints.

Ms. Scott clarified that these investigations would not be to assist law enforcement. Rather, it would be to make a determination as to facts of the case. The case would then be referred to law enforcement as appropriate. Ms. Scott stated that the Board has to treat these cases equally. The Board cannot pick and choose which cases to investigate and which to close without taking any action. The Board members cannot be arbitrary in those decisions. Ms. Scott would recommend referring all of the complaints for investigation if that is what the Board prefers. The individual complaints could be referred back to the Board as the individual investigations are completed.

Dr. Foley asked if the Board could choose to investigate the cases, and still have authority to prioritize them in accordance with all of the Board’s priorities. Ms. Scott stated that the Board did not generally have open conversations about how investigations are prioritized.

❖ MOVED by ELMITT, SECONDED by KELLY, to INVESTIGATE the complaints, and prioritize them as appropriate. Motion APPROVED unanimously.

❖ Update on Opioid Task Force

Ms. Stuecker reported the task force met by teleconference. Karen Baker, B.S., M.S. offered to draft prescribing guidelines for review. The guidelines will be forwarded to the Board for consideration when complete.

❖ Vote on Rachel Pfeifer, R.D.H., Expanded Functions Committee
Ms. Stuecker reported that there was a request to consider the appointment of another dental hygienist to the expanded functions committee. Ms. Pfeifer is a Certified Level 2 expanded functions dental hygienist.

- MOVED by KELLY, SECONDED by FOLEY, to APPOINT Ms. Pfeifer to the committee. Motion APPROVED unanimously.

- Approve 2020 Board Meeting Dates

Ms. Stuecker stated that these dates were proposed for scheduling the 2020 meetings. There are six proposed dates for 2020.

- MOVED by ELMITT, SECONDED by FOLEY, to APPROVE the dates for 2020 as proposed.

Dr. Davidson reported that he would unable to attend the August 2020 meeting as proposed.

- Vote taken. Motion APPROVED unanimously.

Ms. Elmitt asked to clarify the matter of hearings. Ms. Stuecker stated that the scheduled dates on Thursdays were only being held for hearings. Those dates will be cancelled if there aren’t any hearings scheduled on those dates.

- Discussion on IDB Strategic Plan

Ms. Stuecker provided an update on the strategic plan. Ms. Stuecker reported that the Board’s examinations have been converted to an online format. Ms. Stuecker noted that Ms. Jackson, a Board staff member, used to correct the paper examinations manually. The online examinations are corrected automatically upon submission, saving staff time. Ms. Stuecker highlighted additional benefits which include obtaining data on missed test questions.

Ms. Stuecker reported that communication and education are a continuing priority. Board staff is using GovDelivery as means to better communicate with the public and stakeholders. Ms. Stuecker stated that she has received feedback regarding what Board staff are providing to the licensees and the public, and what may be needed.

There was some discussion about how the public can sign up for GovDelivery notices and the advantages to that. Board staff may need to review and update what to send to licensees and when to do that.

- Review and Vote on Updates to Dental Radiography Examination – Patterson Dental

Ms. Stuecker provided an update on this request. The original questions would still be included in the examination. The additional questions were added to comply with Iowa Administrative Code 650—Chapter 22. Under Iowa law, examinations are confidential.
Ms. Kelly asked about the purpose of this examination. Ms. Stuecker reported that this was an additional examination option for testing in dental radiography.

- **MOVED by MCBRIDE, SECONDED by ELMITT, to APPROVE the additional questions.** Motion APPROVED unanimously.

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

- **Quarterly Ratification of Applications Issued**

Ms. Braness reported that the Board had been provided a list of licenses, registrations, qualifications and permits issued in the last quarter.

- **MOVED by DAVIDSON, SECONDED by FOLEY, to APPROVE the list as submitted.** Motion APPROVED unanimously.

**XI. 2nd OPPORTUNITY FOR PUBLIC COMMENT**

Dr. Thies asked about the issue of delegating services while a patient is sedated. There was discussion about what is currently allowed by rule, and what changes should be made to address requests to provide services while meeting the need to protect the public.

Dr. Thies also asked to comment on the Board emails via GovDelivery. Dr. Thies found those helpful and encouraged their ongoing use.

- The Board took a brief recess at 12:24 p.m.
- The Board reconvened at 12:40 p.m.

**XII. BOARD MEMBER TRAINING**

- The Board opted to go into closed session to ensure sufficient time to address those matters. The Board training will be completed following closed session, if time allows.

**CLOSED SESSION:**

- **MOVED by BRADLEY, SECONDED by ELMITT, to go into CLOSED session pursuant to the following:**
  a) **Closed Session Minutes, January 25, 2018** (Closed session pursuant to Iowa Code § 21.5(1)(a) “to review or discuss records which are required or authorized by state or federal law to be kept confidential…”, specifically to review or discuss information that is confidential under Iowa Code § 21.5(4)).
  b) **Compliance with Board Orders** (Closed session pursuant to Iowa Code § 21.5(1)(a) to review information required by state or federal law to be kept confidential, specifically Iowa Code § 272C.6(4) and Iowa Code § 21.5(1)(d) to discuss whether to initiate licensee disciplinary investigations or proceedings).
c) **Investigative Reports** (Closed session pursuant to Iowa Code § 21.5(1)(d) to discuss whether to initiate licensee disciplinary investigations or proceedings and pursuant to Iowa Code § 21.5(1)(a) to review or discuss records which are required or authorized by state or federal law to be kept confidential, specifically information that is confidential under Iowa Code § 272C.6(4)).

d) **New Complaints** (Closed session pursuant to Iowa Code § 21.5(1)(d) to discuss whether to initiate licensee disciplinary investigations or proceedings and pursuant to Iowa Code § 21.5(1)(a) to review or discuss records which are required or authorized by state or federal law to be kept confidential, specifically information that is confidential under Iowa Code § 272C.6(4)).

e) **Additional Information on Previous Complaints** (Closed session pursuant to Iowa Code § 21.5(1)(d) to discuss whether to initiate licensee disciplinary investigations or proceedings and pursuant to Iowa Code § 21.5(1)(a) to review or discuss records which are required or authorized by state or federal law to be kept confidential, specifically information that is confidential under Iowa Code § 272C.6(4)).

f) **Malpractice Reports** (Closed session pursuant to Iowa Code §21.5(1)(d) to discuss whether to initiate licensee disciplinary investigations or proceedings and pursuant to Iowa Code § 21.5(1)(a) to review or discuss records which are required or authorized by state or federal law to be kept confidential, specifically information that is confidential under Iowa Code § 272C.6(4)).

g) **Notice of Hearing and Statement of Charges** (Closed session pursuant to Iowa Code §21.5(1)(d) to discuss whether to initiate licensee disciplinary investigations or proceedings and pursuant to Iowa Code § 21.5(1)(a) to review or discuss records which are required or authorized by state or federal law to be kept confidential, specifically information that is confidential under Iowa Code § 272C.6(4)).

h) **Combined Statement of Charges, Settlement Agreement and Final Order** (Closed session pursuant to Iowa Code § 21.5(1)(d) to discuss whether to initiate licensee disciplinary investigations or proceedings, and Iowa code § 21.5(1)(f) to discuss the decision to be rendered in a contested case).

i) **Application for Licensure/Registration** (Closed session pursuant to Iowa Code § 21.5(1)(a) to review information required by state or federal law to be kept confidential).

j) **Decision and Order in the Licensure Matter of Jack Elder, D.D.S.** (Closed session pursuant to Iowa Code § 21.5(1)(f) to discuss the decision to be rendered in a contested case).

Roll Call:

<table>
<thead>
<tr>
<th>Member</th>
<th>Bradley</th>
<th>Davidson</th>
<th>Elmitt</th>
<th>Foley</th>
<th>Jeneary</th>
<th>Kelly</th>
<th>McBride</th>
<th>Slach</th>
<th>Thorsen</th>
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The motion was APPROVED by roll call.

➢ The Board convened in closed session at 12:43 p.m.
MOVED by KELLY, SECONDED by THORSEN, to RETURN to OPEN session. Motion APPROVED unanimously.

The Board reconvened in open session at 2:38 p.m.

OPEN SESSION

ACTION, IF ANY, ON CLOSED SESSION AGENDA ITEMS

1. Closed Session Minutes

MOVED by SLACH, SECONDED by THORSEN, to APPROVE the closed session minutes for the January 25, 2018 quarterly meeting. Motion APPROVED unanimously.

2. Disciplinary Orders

MOVED by MCBRIDE, SECONDED by KELLY, to APPROVE the Notice of Hearing and Statement of Charges as proposed in the Matter of James A. Knight, D.D.S., file number 17-0104. Motion APPROVED unanimously.

MOVED by MCBRIDE, SECONDED by KELLY, to APPROVE the Combined Statement of Charges, Settlement Agreement, and Final Order as proposed in the Matter of Pollyanne Iben, D.D.S., file number 17-0131. Motion APPROVED unanimously.

MOVED by MCBRIDE, SECONDED by KELLY, to APPROVE the Notice of Hearing and Statement of Charges as proposed in the Matter of Emma V. Villiard, D.D.S., file number 17-0143. Motion APPROVED unanimously. Dr. Foley recused herself.

MOVED by MCBRIDE, SECONDED by KELLY, to APPROVE the Combined Statement of Charges, Settlement Agreement, and Final Order as proposed in the Matter of Christopher G. Eastman, D.D.S., file number 17-0103. Motion APPROVED unanimously.

MOVED by MCBRIDE, SECONDED by KELLY, to APPROVE the Combined Statement of Charges, Settlement Agreement, and Final Order as proposed in the Matter of Cathy Tigges, D.D.S, file number 17-0129. Motion APPROVED unanimously.

MOVED by MCBRIDE, SECONDED by KELLY, to APPROVE the Combined Statement of Charges, Settlement Agreement, and Final Order as proposed in the Matter of Kaitlyn Tigges, D.A., file number 17-0130. Motion APPROVED unanimously.

MOVED by MCBRIDE, SECONDED by KELLY, to APPROVE the Combined Statement of Charges, Settlement Agreement, and Final Order as proposed in the Matter of Shelbi R. Carnahan, D.A., file number 17-0139. Motion APPROVED unanimously.

MOVED by MCBRIDE, SECONDED by KELLY, to APPROVE the Combined Statement of Charges, Settlement Agreement, and Final Order as proposed in the Matter of Kelley J. Ruehs, D.D.S, file number 17-0133. Motion APPROVED unanimously.

MOVED by MCBRIDE, SECONDED by KELLY, to APPROVE the Combined Statement of Charges, Settlement Agreement, and Final Order as proposed in the Matter of Lindsay R. Karsjens, D.A., file number 17-0102. Motion APPROVED unanimously.

MOVED by MCBRIDE, SECONDED by KELLY, to APPROVE the Combined Statement of Charges, Settlement Agreement, and Final Order as proposed in the Matter of Joe D. Vela, D.D.S, file number 17-0140. Motion APPROVED unanimously.


4. Action on Cases

MOVED by FOLEY, SECONDED by KELLY, to KEEP OPEN file number 16-0159. Motion APPROVED unanimously.

MOVED by FOLEY, SECONDED by KELLY, to CLOSE file number 17-0067. Motion APPROVED unanimously.

MOVED by FOLEY, SECONDED by KELLY, to CLOSE file number 17-0073. Motion APPROVED unanimously.

MOVED by FOLEY, SECONDED by KELLY, to KEEP OPEN file number 17-0074. Motion APPROVED unanimously.

MOVED by FOLEY, SECONDED by KELLY, to KEEP OPEN file number 17-0135. Motion APPROVED unanimously.

MOVED by FOLEY, SECONDED by KELLY, to KEEP OPEN file number 15-0182. Motion APPROVED unanimously. Ms. Slach recused herself.

MOVED by FOLEY, SECONDED by KELLY, to KEEP OPEN file number 16-0004. Motion APPROVED unanimously. Ms. Slach recused herself.

MOVED by FOLEY, SECONDED by KELLY, to KEEP OPEN file number 16-0022. Motion APPROVED unanimously. Ms. Slach recused herself.
MOVED by FOLEY, SECONDED by KELLY, to KEEP OPEN file number 17-0053. Motion APPROVED unanimously. Ms. Slach recused herself.

MOVED by FOLEY, SECONDED by KELLY, to CLOSE file number 15-0190. Motion APPROVED unanimously. Ms. Slach recused herself.

MOVED by FOLEY, SECONDED by KELLY, to KEEP OPEN file number 16-0020. Motion APPROVED unanimously. Ms. Slach recused herself.

MOVED by FOLEY, SECONDED by KELLY, to CLOSE file number 16-0021. Motion APPROVED unanimously. Ms. Slach recused herself.

MOVED by FOLEY, SECONDED by KELLY, to KEEP OPEN file number 16-0096. Motion APPROVED unanimously. Ms. Slach recused herself.

MOVED by FOLEY, SECONDED by KELLY, to CLOSE file number 16-0097. Motion APPROVED unanimously. Ms. Slach recused herself.

MOVED by FOLEY, SECONDED by KELLY, to KEEP OPEN file number 17-0090. Motion APPROVED unanimously. Ms. Slach recused herself.

MOVED by FOLEY, SECONDED by KELLY, to CLOSE file number 17-0091. Motion APPROVED unanimously. Ms. Slach recused herself.

MOVED by FOLEY, SECONDED by KELLY, to CLOSE file number 17-0109. Motion APPROVED unanimously. Ms. Slach recused herself.

MOVED by FOLEY, SECONDED by KELLY, to CLOSE file number 17-0164. Motion APPROVED unanimously.

MOVED by FOLEY, SECONDED by KELLY, to CLOSE file number 17-0158. Motion APPROVED unanimously.

MOVED by ELMITT, SECONDED by DAVIDSON, to KEEP OPEN file number 16-0012. Motion APPROVED unanimously.

MOVED by ELMITT, SECONDED by DAVIDSON, to CLOSE file number 17-0094. Motion APPROVED unanimously.

MOVED by ELMITT, SECONDED by DAVIDSON, to KEEP OPEN file number 17-0108. Motion APPROVED unanimously. Ms. Slach recused herself.

MOVED by ELMITT, SECONDED by DAVIDSON, to CLOSE file number 17-0113. Motion APPROVED unanimously.
MOVED by ELMITT, SECONDED by DAVIDSON, to CLOSE file number 17-0119. Motion APPROVED unanimously.

MOVED by ELMITT, SECONDED by DAVIDSON, to CLOSE file number 17-0157. Motion APPROVED unanimously.

MOVED by ELMITT, SECONDED by DAVIDSON, to CLOSE file number 17-0175. Motion APPROVED unanimously.

MOVED by ELMITT, SECONDED by DAVIDSON, to KEEP OPEN file number 17-0144. Motion APPROVED unanimously.

MOVED by ELMITT, SECONDED by DAVIDSON, to KEEP OPEN file number 17-0145. Motion APPROVED unanimously.

MOVED by ELMITT, SECONDED by DAVIDSON, to CLOSE file number 17-0148. Motion APPROVED unanimously. Dr. Foley recused herself.

MOVED by ELMITT, SECONDED by DAVIDSON, to CLOSE file number 17-0156. Motion APPROVED unanimously.

MOVED by ELMITT, SECONDED by DAVIDSON, to CLOSE file number 17-0161. Motion APPROVED unanimously.

MOVED by ELMITT, SECONDED by DAVIDSON, to KEEP OPEN file number 17-0162. Motion APPROVED unanimously.

MOVED by ELMITT, SECONDED by DAVIDSON, to KEEP OPEN file number 17-0163. Motion APPROVED unanimously.

MOVED by ELMITT, SECONDED by DAVIDSON, to CLOSE file number 17-0180. Motion APPROVED unanimously.

MOVED by ELMITT, SECONDED by DAVIDSON, to CLOSE file number 18-0009. Motion APPROVED unanimously.

MOVED by ELMITT, SECONDED by DAVIDSON, to CLOSE file number 18-0010. Motion APPROVED unanimously.

MOVED by ELMITT, SECONDED by DAVIDSON, to CLOSE file number 18-0012. Motion APPROVED unanimously.

MOVED by ELMITT, SECONDED by KELLY, to CLOSE file number 17-0178. Motion APPROVED unanimously. Dr. Davidson recused himself.
MOVED by ELMITT, SECONDED by DAVIDSON, to CLOSE file number 17-0179. Motion APPROVED unanimously.

MOVED by MCBRIDE, SECONDED by KELLY, to CLOSE file number 17-0153. Motion APPROVED unanimously.

MOVED by SLACH, SECONDED by THORSEN, to CLOSE file number 17-0171. Motion APPROVED unanimously.

ADJOURN

MOVED by KELLY, SECONDED by DAVIDSON, to ADJOURN the meeting. Motion APPROVED unanimously.

The Board adjourned its meeting at 2:50 p.m. on April 6, 2018.

NEXT MEETING OF THE BOARD

The next quarterly meeting of the Board is scheduled for June 8, 2018, in Des Moines, Iowa.

These minutes are respectfully submitted by Christel Braness, Program Planner 2; and Amy Jackson, Secretary 3, Iowa Dental Board.
IOWA DENTAL BOARD

OPEN SESSION MINUTES
April 27, 2018
Conference Room
400 S.W. 8th St., Suite D
Des Moines, Iowa

Board Members
Steven Bradley, D.D.S., Present
Lori Elmitt, Public Member Present
Thomas Jeneary, D.D.S. Absent
Mary Kelly, R.D.H. Present
William McBride, D.D.S. Present
Michael Davidson, D.D.S. Present
Bruce Thorsen, Public Member Present
Nancy Slach, R.D.H. Present
Monica Foley, D.D.S. Present

Staff Members
Jill Stuecker

1. CALL TO ORDER

Ms. Stuecker called the open session meeting of the Iowa Dental Board to order at 7:00 a.m. on Friday, April 27, 2018. The meeting was held by electronic means in compliance with Iowa Code Section 21.8. The purpose of the meeting was to conduct time-sensitive Board business. It was impractical to meet in person with such a short agenda.

Roll Call:

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<tr>
<th>Member</th>
<th>Bradley</th>
<th>Elmitt</th>
<th>Jeneary</th>
<th>Kelly</th>
<th>McBride</th>
<th>Davidson</th>
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A quorum was established with eight (8) members present.
II. VOTE ON IOWA PRACTITIONER REVIEW COMMITTEE APPOINTMENT

a. Dr. James Gallagher, MD and Fellow of the American Psychiatric Association

Dr. Gallagher has served one (1) term on this committee and was eligible for reappointment. Ms. Stuecker provided an overview of Dr. Gallagher’s credentials and informed the Board that his background is useful to the committee and that she recommended reappointment.

- MOVED by BRADLEY, SECONDED by KELLY, to APPROVE reappointment of Dr. Gallagher to the committee. Motion APPROVED unanimously.

CLOSED SESSION

I. ITEM FOR REVIEW AND DISCUSSION – Motion to Amend Statement of Charges and Request to Reset Hearing Date in the Matter of Case No. 15-0156 and 17-0128.

- MOVED by KELLY, SECONDED by SLACH, to go into CLOSED SESSION pursuant to Iowa Code Section 21.5(1)(d) to discuss whether to initiate licensee disciplinary investigations or proceedings and pursuant to Iowa Code § 21.5(1)(a) to review or discuss records which are required or authorized by state or federal law to be kept confidential, specifically information that is confidential under Iowa Code § 272C.6(4)).

Roll Call:

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Motion APPROVED by roll call vote.

➢ The Board convened in CLOSED session at 7:04 a.m.

➢ MOVED by ELMITT, SECONDED by KELLY, to return to OPEN session. Motion APPROVED unanimously.

➢ The Board reconvened in OPEN session at 7:18 a.m.

OPEN SESSION

ACTION ON CLOSED SESSION AGENDA ITEM

- MOVED by ELMITT, SECONDED by KELLY, to APPROVE the Motion to Amend Statement of Charges and Request to Reset Hearing Date in the Matter of Case No. 15-0156 and 17-0128. The hearing has been scheduled for August 2, 2018.
Roll Call:

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Motion APPROVED by roll call vote.

**ADJOURN**

- MOVED by SLACH, SECONDED by KELLY, to ADJOURN. Motion APPROVED unanimously.

The meeting was adjourned at 7:23 a.m. on Friday, April 27, 2018.

**NEXT MEETING OF THE BOARD**

The next quarterly meeting of the Board is scheduled for June 8, 2018, in Des Moines, Iowa.

These minutes are respectfully submitted by Jill Stuecker, Iowa Dental Board.
Calendar Year 2017 Services Report
Public Health Supervision of Dental Assistants

Total Number of Dental Assistants with Supervision Agreements: 28 (22 provided services)
Total Number of Dentists with Supervision Agreements: 21

<table>
<thead>
<tr>
<th>Setting</th>
<th>Number of Patients Assisted</th>
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<tbody>
<tr>
<td>Public Health Agency</td>
<td>23</td>
</tr>
<tr>
<td>School</td>
<td>12,967</td>
</tr>
<tr>
<td>Hospital</td>
<td>0</td>
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<tr>
<td>Armed Forces</td>
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<table>
<thead>
<tr>
<th>Services Provided</th>
<th>Number of Assistants per Setting</th>
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<tbody>
<tr>
<td></td>
<td>Public Health Agency</td>
</tr>
<tr>
<td>Extraoral Duties -</td>
<td>1</td>
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<tr>
<td>Documentation</td>
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<tr>
<td>Extraoral Duties -</td>
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<td>Infection Control</td>
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<td>Dental Radiography</td>
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<tr>
<td>Intraoral Suctioning</td>
<td>1</td>
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<tr>
<td>Use of Curing Light or</td>
<td>1</td>
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<tr>
<td>Intraoral Camera</td>
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March 2018
Calendar Year 2017 Services Report
Public Health Supervision of Dental Hygienists

Total Number of Dental Hygienists with Supervision Agreements: **160** *(96 provided services)*
Total Number of Dentists with Supervision Agreements: **61**

<table>
<thead>
<tr>
<th>Service</th>
<th>Total Provided</th>
<th>Total Clients Age 0-20</th>
<th>Total Clients ≥ Age 21</th>
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<tr>
<td>Sealant</td>
<td>52,824</td>
<td>13,369</td>
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<tr>
<td>Prophylaxis</td>
<td>1,513</td>
<td>110</td>
<td>1,403</td>
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<tr>
<td>Open Mouth Screening</td>
<td>87,928</td>
<td>83,498</td>
<td>4,430</td>
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<td>Fluoride Varnish Application</td>
<td>57,833</td>
<td>55,794</td>
<td>2,039</td>
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<tr>
<td>Other (Denture Cleaning, Oral Hygiene Instruction, X-rays, etc.)</td>
<td>2,813</td>
<td>576</td>
<td>2,237</td>
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Referrals to Dentist(s)

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<th></th>
<th>Clients Age 0-20</th>
<th>Clients ≥ Age 21</th>
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<tbody>
<tr>
<td>Regular Care</td>
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<tr>
<td>Urgent Care</td>
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<td>Regular Care</td>
<td>1,734</td>
<td></td>
</tr>
<tr>
<td>Urgent Care</td>
<td>335</td>
<td></td>
</tr>
</tbody>
</table>

March 2018
<table>
<thead>
<tr>
<th>Service</th>
<th>Schools</th>
<th>Head Start Programs</th>
<th>Child Care Centers</th>
<th>Federally Qualified Health Centers</th>
<th>Free Clinics</th>
<th>Nursing Facilities</th>
<th>Nonprofit Community Health Centers</th>
<th>Public Health Dental Vans</th>
<th>Federal Public Health Programs</th>
<th>State Public Health Programs</th>
<th>Local Public Health Programs</th>
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<tbody>
<tr>
<td>Sealant</td>
<td>50,360</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2,299</td>
<td>161</td>
</tr>
<tr>
<td>Prophylaxis</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>403</td>
<td>20</td>
<td>1,066</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Open Mouth Screening</td>
<td>48,038</td>
<td>7,957</td>
<td>1,591</td>
<td>96</td>
<td>321</td>
<td>2,623</td>
<td>80</td>
<td>0</td>
<td>24,981</td>
<td>1,331</td>
<td>910</td>
</tr>
<tr>
<td>Fluoride Application</td>
<td>28,108</td>
<td>7,779</td>
<td>1,262</td>
<td>48</td>
<td>19</td>
<td>1,037</td>
<td>80</td>
<td>0</td>
<td>18,339</td>
<td>541</td>
<td>620</td>
</tr>
<tr>
<td>Other (Denture Cleaning, Oral Hygiene Instruction, X-rays, etc.)</td>
<td>576</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>115</td>
<td>2,122</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
</tbody>
</table>
Inside I-Smile™
Serving Iowa’s Children Since 2006

Annual Report on Iowa’s Dental Home Initiative for Children
Iowa Department of Public Health - Bureau of Oral and Health Delivery Systems

2017
The I-Smile™ Dental Home Initiative continues its success helping Iowa children and families access dental care and ensure better health.

I-Smile™ strategies are implemented in all 99 Iowa counties through the work of 23 I-Smile™ coordinators and the public health organizations they work within. Integral to I-Smile™ are the relationships developed between I-Smile™ coordinators and local partners, such as dental and medical offices, WIC¹ programs, Head Start, school nurses, and organizations and businesses invested in the health of children. I-Smile™ coordinators play a critical role within the local public health framework that helps families navigate health care systems and access other social services.

Background
The Iowa Department of Public Health (IDPH) administers I-Smile™, in collaboration with the Department of Human Services.

I-Smile™ funds are contracted to 23 public and private non-profit organizations that serve as the state’s Title V maternal and child health program. The I-Smile™ coordinators are Iowa-licensed dental hygienists working within the local Title V programs and overseeing I-Smile™ activities, which include:

• Developing relationships with dental offices to encourage acceptance of referrals of underserved families needing dental care;
• Developing partnerships within the community – businesses, organizations, health care, schools – to increase awareness about oral health and serve as a point of contact;
• Promoting oral health through participation and presentations at community events and meetings;
• Working with local boards of health to address oral health issues affecting county residents;
• Providing oral health training for medical providers about how to apply fluoride varnish and do oral screenings, to build the safety net and increase opportunities to help children prevent tooth decay;
• Providing care coordination to help families navigate the dental delivery system, including Medicaid enrollment assistance and scheduling dental appointments;
• Educating children and families about oral care; and
• Ensuring access to oral screening and fluoride and sealant applications in public health sites (WIC clinics, Head Start, schools) to prevent disease and lower health care costs.

The following results are determined using data for Medicaid dental services’ paid claims from July 1, 2016 – June 31, 2017.

¹ WIC is a supplemental nutrition program for babies, children under the age of 5, pregnant women, breastfeeding women, and women who have had a baby in the past 6 months.
I-Smile™ Results

More Children Receive Dental Services

During state fiscal year² (SFY) 2017, the number of Medicaid-enrolled Iowa children ages 0-12 receiving dental services improved (Figure 1). In 2017:

- More than four times as many children received gap-filling preventive care (e.g., fluoride applications) from a dental hygienist or nurse in a public health setting than in 2005, the year prior to the start of the I-Smile™ program (33,362 in 2017; 7,863 in 2005).
- More than 50 percent of children saw a dentist, compared to 44 percent in 2005.
- Compared to one year ago, 2,272 more children received care from a dentist, despite enrollment dropping by 2,792 children.

Also during the past year, 7 percent (17,028) of Medicaid-enrolled children ages 0-12 received care at one of Iowa’s Federally Qualified Health Center (FQHC) dental clinics. This is an increase in the number of children from last year, when 6 percent (15,583) of Medicaid-enrolled children received dental services from FQHC dental clinics.

More Dentists Provide Services

In SFY 2017, 127 more dentists billed Medicaid for care provided to enrolled children than in SFY 2005 (1,145 in 2017 and 1,018 in 2005). More than twice as many dentists billed for at least $10,000 in services than in SFY 2005 (Table 1).

Table 1: Number of dentists and amount billed to Medicaid for services provided to children ages 0-12, 2005 and 2017 (includes out-of-state dentists)

<table>
<thead>
<tr>
<th>Number of Dentists, 2005</th>
<th>Dentists Enrolled as Medicaid Providers</th>
<th>Amount Billed by Enrolled Dentists</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$0</td>
<td>$1-$9,999</td>
</tr>
<tr>
<td>Number of Dentists, 2005</td>
<td>1,613</td>
<td>595</td>
</tr>
<tr>
<td>Number of Dentists, 2017</td>
<td>2,428</td>
<td>1,283</td>
</tr>
<tr>
<td>Change</td>
<td>+815</td>
<td>+688</td>
</tr>
</tbody>
</table>

*Federally Qualified Health Center data is unavailable for 2005.

² Iowa’s state fiscal year (SFY) is July 1 - June 30.
Medicaid Costs For Dental Services Are Stable

The average annual cost of care for a Medicaid-enrolled child age 0-12 years was $31.95 more in SFY 2017 than SFY 2005 (Table 2). However, the increase in cost per child is small when compared to the increase in children served. In 2017, the number of Medicaid-enrolled children who received care from dentists was nearly twice that of 2005, and more than four times as many children received preventive dental services within public health settings. In addition, the rate of inflation since 2005 is 25 percent according to the Bureau of Labor Statistics consumer price index. If the rate of inflation is taken into consideration, the increase in the average annual cost per child is just $3.68 more in SFY 2017 than SFY 2005.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2005</th>
<th>2017</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2 Years</td>
<td>$22.00</td>
<td>$39.79</td>
<td></td>
</tr>
<tr>
<td>3-5 Years</td>
<td>$128.30</td>
<td>$150.14</td>
<td></td>
</tr>
<tr>
<td>6-9 Years</td>
<td>$142.78</td>
<td>$146.66</td>
<td></td>
</tr>
<tr>
<td>10-12 Years</td>
<td>$182.66</td>
<td>$165.17</td>
<td></td>
</tr>
<tr>
<td>0-12 Years</td>
<td>$113.08</td>
<td>$145.03</td>
<td></td>
</tr>
</tbody>
</table>

Table 2: Average annual cost to Medicaid per child by age group (2005, 2017)

The average cost per child ages 0-10 years was $18.02 greater in 2017 than 2005, with 48,204 more seeing a dentist and over four times as many receiving preventive care through I-Smile™ in public health locations. Yet, the average cost per 11-12 year-old Medicaid-enrolled child is actually declining. In 2017, the average cost was $30.05 less than in 2005 for a child ages 11-12, though nearly twice as many children this age received care from a dentist than in 2005, and nearly three times as many received care from I-Smile™ in a public health setting (Figure 2).

Figure 2: Average annual cost to Medicaid per child, ages 0-10 years and 11-12 years (2005, 2017)

The increase in cost per child is small when compared to the increase in children served.
The stabilization of costs to Medicaid likely indicates less need for restorative treatment from tooth decay, as well as improved access to regular dental care for children assisted by I-Smile™. Since I-Smile™ began, gap-filling preventive services, such as fluoride and sealant applications, have been critical program components. The impact of this prevention may be reflected by the reduced average cost for older Medicaid-enrolled children. Very young children receive fluoride applications in locations such as WIC clinics, Early Head Start, and Head Start, and fluoride and sealant applications are provided for older children in elementary and middle schools. In addition to the prevention, families receive oral health education and care coordination to help them make appointments with local dentists to encourage regular dental care.

A review of Medicaid’s hospital outpatient medical costs related to dental procedures offers another indication that prevention may be reducing Medicaid costs. These visits are often for restorative dental treatment provided under general anesthesia for very young children with extensive tooth decay. SFY 2017 data from the Department of Human Services shows a decline in the overall medical outpatient costs for dental procedures in 2017 ($3,604,551) compared to 2014 ($4,827,950).

Challenges to Address
Helping children younger than 3 receive care from dentists remains difficult. Although more Medicaid-enrolled children ages 0-2 years received care from a dentist and/or within a public health setting in 2017 than in 2005, too many received no care. In SFY 2017, four out of five children ages 0-2 years did not see a dentist. In comparison, just two out of five children ages 3-12 years did not see a dentist.

In SFY 2017, 815 more dentists were enrolled as Medicaid providers than in 2005, yet less than half (47%) of the enrolled providers billed Medicaid for care delivered to a child 0-12 years of age. Twenty-three percent of enrolled dentists provided $10,000 or more of care. In addition, six fewer dentists billed Medicaid for services provided to children in 2017 than in 2016, although 154 more dentists were enrolled with Medicaid in 2017.
Discussion

I-Smile™ remains an important resource for at-risk Iowa children, helping to prevent tooth decay and facilitate access to regular dental care. Although many more Medicaid-enrolled children are receiving dental care, costs to Medicaid remain stable.

Care coordination is a cornerstone of I-Smile™ to help families navigate the dental delivery system and understand the importance of oral health care. In SFY 2017, more than 11,670 dental care coordination contacts were made with low-income families through I-Smile™, a 3 percent increase from 2016.³ This assistance provided to families is likely to have played a role in the increase in the number of children receiving dental care from dentists.

Reaching families with care coordination is most often the result of the face-to-face or written communication between I-Smile™ and parents/guardians in conjunction with preventive services provided in locations such as WIC clinics and schools. This dual impact of prevention and care coordination may be tied to the stabilization of costs to Medicaid. This is particularly noticeable for children ages 11-12, for whom the average annual cost to Medicaid per child is less than it was in 2005.

Investing in preventive dental care allows for greater health outcomes and significant cost-savings.⁴ Preventive services through I-Smile™ are particularly important for very young children. The American Dental Association recommends routine dental visits begin before a child’s first birthday. Yet, six times more Medicaid-enrolled children received preventive care prior to their first birthday through I-Smile™ in public health settings (3,262) than the number who saw a dentist (486). I-Smile™ must continue to offer services as part of the state’s dental safety net, until there is greater interest by dental offices to see children by the age of 1.

During the next year, dental hygienists working with I-Smile™ will have a new tool to fight tooth decay, silver diamine fluoride (SDF). SDF not only prevents tooth decay through strengthening enamel and reducing the number of decay-causing bacteria in the mouth, but it also arrests, or stops, active tooth decay. The Iowa Dental Board is revising administrative rules that would allow dental hygienists using public health supervision to use SDF. SDF has the potential to reduce costs to Medicaid by decreasing the need for restorative treatment (fillings and crowns) and dental treatment provided in hospitals for very young children.

Another way to help assure that very young children receive preventive care is through partnership with medical providers. Because children younger than 3 years of age are more likely to have regular medical visits, incorporating fluoride varnish applications as part of well-child exams is an opportunity to reduce future disease and introduce families to seeking regular dental care. A pilot project in central Iowa serves as a model for replication in other areas of the state. The Iowa Department of Public Health is working with pilot project partners to develop materials based on the lessons learned. I-Smile™ coordinators will use the materials for outreach to medical practices throughout the state.

³ Child and Adolescent Reporting System and TAVConnect collaborative platform system, Iowa Department of Public Health
While just 21 percent of Medicaid-enrolled children younger than 3 years old saw a dentist in 2017, 61 percent of children ages 3 through 12 years did. This is nearing the rate that privately insured Iowa children receive care from dentists. The American Dental Association’s Health Policy Institute reports that 65 percent of privately insured Iowa children ages 1-20 years saw a dentist in 2015. IDPH staff and I-Smile™ coordinators will continue outreach to dental and medical providers to build the dental home network to assure a sufficient number of participating providers, particularly for the very young.

As the actual number of dentists providing care for children declines – less than half of those enrolled as Medicaid providers provided care for a child in 2017 – the relationships I-Smile™ coordinators have with dental offices and the care coordination services provided to families are essential. When fewer dentists care for Medicaid-enrolled children, the burden increases on those who do. Provider incentives may help attract more dentists to become part of the I-Smile™ dental home system and accept Medicaid-enrolled children as patients. In addition, IDPH will build on initiatives that incorporate physicians, nurses, physician assistants, and dietitians as part of the I-Smile™ provider network, to build a “no wrong door” approach for oral health education, screening, and prevention.

I-Smile™ is contributing to lower health care costs and improved health outcomes for Iowa children through early prevention, community and individual education, and referrals through care coordination. Moving I-Smile™ forward will require continued assessment of outcomes to implement successful approaches and to determine how to address challenges.

### Table 3: Number of Medicaid-enrolled children ages 0-12 receiving a dental service from dentists

<table>
<thead>
<tr>
<th>Ages 0-2</th>
<th>Ages 3-5</th>
<th>Ages 6-9</th>
<th>Ages 10-12</th>
<th>Ages 0-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>Current</td>
<td>Baseline</td>
<td>Current</td>
<td>Baseline</td>
</tr>
<tr>
<td>Number of children receiving a service</td>
<td>4,901</td>
<td>13,955</td>
<td>21,832</td>
<td>33,904</td>
</tr>
<tr>
<td>Total enrolled</td>
<td>48,573</td>
<td>67,954</td>
<td>40,396</td>
<td>57,784</td>
</tr>
<tr>
<td>Increase in number</td>
<td>9,054</td>
<td>12,072</td>
<td>21,475</td>
<td>14,544</td>
</tr>
</tbody>
</table>

### Table 4: Number of Medicaid-enrolled children ages 0-12 receiving a dental service from I-Smile™ (Title V) dental hygienists and nurses in public health settings

<table>
<thead>
<tr>
<th>Ages 0-2</th>
<th>Ages 3-5</th>
<th>Ages 6-9</th>
<th>Ages 10-12</th>
<th>Ages 0-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>Current</td>
<td>Baseline</td>
<td>Current</td>
<td>Baseline</td>
</tr>
<tr>
<td>Number of children receiving a service</td>
<td>3,104</td>
<td>12,244</td>
<td>3,246</td>
<td>12,703</td>
</tr>
<tr>
<td>Total enrolled</td>
<td>48,573</td>
<td>67,954</td>
<td>40,396</td>
<td>57,784</td>
</tr>
<tr>
<td>Increase in number</td>
<td>9,140</td>
<td>9,457</td>
<td>5,313</td>
<td>1,589</td>
</tr>
</tbody>
</table>
Number of Dentists Accepting New Medicaid-Enrolled Children, by County

Data based on survey of I-Smile Coordinators

Iowa Department of Public Health, October 2017
Number of Dentists Accepting New Medicaid- Enrolled Adults, by County

Data based on survey of I-Smile Coordinators

Iowa Department of Public Health, October 2017
REPORT TO THE IOWA DENTAL BOARD

DATE OF MEETING: June 8, 2018
RE: Actions Taken by the Committee
SUBMITTED BY: Anesthesia Credentials Committee

COMMITTEE ACTIONS TAKEN ON APPLICATIONS
The committee voted to take action on the applications as indicated below:

APPLICATION(S) FOR GENERAL ANESTHESIA PERMIT:

- Sonny Porter, D.D.S. – Approved

APPLICATION(S) FOR MODERATE SEDATION PERMITS:

- (None received)

OTHER BUSINESS:

- For Review and Discussion – Draft of Proposed Rulemaking to Allow Sedation in Dental Offices Performed by a C.R.N.A. or an M.D. – IAC 650—Ch. 29, “Sedation and Nitrous Oxide Inhalation Analgesia”
  - Committee continued to review and discuss the draft of the proposed changes.
REPORT TO THE IOWA DENTAL BOARD

DATE OF MEETING: June 8, 2018
RE: Recommendations: Course, Sponsor & Requests
SUBMITTED BY: Continuing Education Advisory Committee
ACTION REQUESTED: Board Action on Committee Recommendation

COMMITTEE RECOMMENDATIONS
The committee requests that the Board accept the following recommendations:

CONTINUING EDUCATION COURSE REVIEW*

RECOMMENDED APPROVAL AS follows:
3. Iowa Dental Hygienists' Association:
   a. “Eliciting Change through Motivational Communication” – Requested 2.0 hours.
   b. “Make the Recommendation: Therapeutic Products as a Treatment” – Requested 1.5 hours.
5. CEI, Iowa Board of Pharmacy: “Modernizing the PMP: Updates to the Iowa Prescription Monitoring Program” – Requested 1 hour.
10. Iowa Dental Hygienists' Association: “Healthy Strategies to Avoid Workplace Tragedy” – Requested 3.0 hours. **
11. Southeast Iowa District Dental Society: “Digital Dentistry for Everyday Practice” – Requested 3.5 hours. **

**Staff recommended APPROVAL pursuant to:

25.5(2) Types of activities acceptable for continuing dental education credit may include:
   a. A dental science course that includes topics which address the clinical practice of dentistry, dental hygiene, dental assisting and dental public health.
   b. Courses in record keeping, medical conditions which may have an effect on oral health, ergonomics related to clinical practice, HIPAA, risk management, sexual boundaries, communication with patients, OSHA regulations, and the discontinuation of practice related to the transition of patient care and patient records.
   c. Sessions attended at a multiday convention-type meeting. A multiday convention-type meeting is held at a national, state, or regional level and involves a variety of concurrent educational experiences directly related to the practice of dentistry.
   d. Postgraduate study relating to health sciences.
   e. Successful completion of a recognized specialty examination or the Dental Assisting National Board (DANB) examination.
   f. Self-study activities.
   g. Original presentation of continuing dental education courses.
   h. Publication of scientific articles in professional journals related to dentistry, dental hygiene, or dental assisting.
*COMMITTEE REQUESTED ADDITIONAL INFORMATION:
  3. Alpha Orthodontics: “Change Your Thoughts and Improve Your Outcomes” – Requested 6 hours.

CONTINUING EDUCATION SPONSOR APPLICATIONS FOR REVIEW
(No applications received)

OTHER RECOMMENDATIONS
• Course and Sponsor Approval Logos: Committee recommended OPTION B.

• CDC Infection Control Resource Modules for Continuing Education Credit: Committee was satisfied with the content of the modules; however, they expressed concerns about how to document that the coursework would be completed via self-study. Ms. Braness indicated that she would share the concerns with staff and discuss the matter further.
Proposed Approved Sponsor Logos

Option A:

Option B:
Examiner Selection Criteria

- Examiner must be in good standing with his/her State Board, with no existing or pending disciplinary sanctions. If an examiner has had an adjudicated malpractice claim within the past five years, his/her eligibility to serve will be determined by the Examiner Evaluation and Assignment Committee (EEAC). Each examiner will be required to self-report all claims pending to the Chairperson of the EEAC upon discovery.

- Examiner shall have successfully completed a Commission on Dental Accreditation (CODA) approved educational program in dentistry or dental hygiene.

- Examiner must possess an active license to practice dentistry or dental hygiene for at least five (5) years prior to becoming an examiner in any category.

- Examiner must have passed a clinical examination with a patient based component.

- Examiner must have a health status which allows him/her to perform the examiner’s duties assigned to them.

- Examiner must be willing and available to participate in at least three examinations per year.

- Examiner must be willing to apply the examination performance criteria as established by CRDTS including but not limited to established standards and evaluation criteria, be willing to accept comments and critiques from examining peers as well as the results of statistical profiles and adjust behavior appropriately.

- Examiner will be classified as (A) a Current Member of a Member Board; (B) a Deputy Examiner designated by a Member Board; (C) an Exchange Member who is an experienced examiner from a State which is not a member of this Corporation; or (D) a Consultant Examiner who is an experienced examiner from a Member State. Persons in category C or D must i) meet the qualifications specified in the Bylaws of this Corporation; ii) be selected by the Examination Evaluation and Assignment Committee (EEAC); and iii) be approved by the Steering Committee. Qualifications for each examiner category are listed in Article 7, Section 1 Examiner Pool of the Bylaws of this Corporation.

- New examiners, defined as anyone regardless of category who has not actually given a patient based examination for CRDTS, must observe at least one patient based prior to being assigned as an examiner.
<table>
<thead>
<tr>
<th>Ch.</th>
<th>Chapter Title</th>
<th>Description of Proposed Action</th>
<th>Legal Basis for Proposed Action</th>
<th>Schedule for Action</th>
<th>Date of NoA</th>
<th>Final Outcome</th>
<th>Effective Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 &amp; 20</td>
<td><em>Licensure to Practice Dentistry or Dental Hygiene</em> &amp; <em>Dental Assistants</em></td>
<td>Update references for the additional review of applications for licensure and registration 147.2, 153.15A, 153.21, 153.33B, 153.39</td>
<td>Scheduled for October 2017</td>
<td>10/13/2017</td>
<td>1/9/2018</td>
<td>1/26/2018 D</td>
<td>Corrections Needed: Will N/A Resubmit</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td><em>Administration</em></td>
<td>Update definition of &quot;overpayment&quot; to coincide with definition of &quot;fee&quot; in ch. 15. 147.1(2), 147.13, 147.30, 147.76, 147.80, 153.13, 15315, 272C</td>
<td>Scheduled for January 2018</td>
<td>1/26/2018</td>
<td>4/24/2018</td>
<td>6/8/2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td><em>Licensure to Practice Dentistry or Dental Hygiene</em></td>
<td>Update requirements for application by foreign-trained dentists to match previously-approved rule waivers 147.2, 147.33, 153.13, 153.21, 153.3A</td>
<td>Scheduled for January 2018</td>
<td>1/26/2018</td>
<td>4/24/2018</td>
<td>6/8/2018</td>
<td>*Tabled from 10/13/2017 meeting</td>
<td></td>
</tr>
<tr>
<td>10, 16</td>
<td><em>General Requirements</em> &amp; <em>Prescribing</em></td>
<td>Clarify requirements for submitting changes of names and addresses; Public Health Supervision, SDF 147.8, 147.9, 149.9, 147.55, 153.13, 153.15, 153.16, 153.17, 153.33, 153.33A, 272C.10</td>
<td>Scheduled for January 2018</td>
<td>4/6/2018</td>
<td>7/13/2018</td>
<td>8/3/2018*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 &amp; 20</td>
<td><em>Licensure to Practice Dentistry or Dental Hygiene</em> &amp; <em>Dental Assistants</em></td>
<td>Update references for the additional review of applications for licensure and registration 147.2, 153.15A, 153.21, 153.33B, 153.39</td>
<td>Resubmitting April 2018</td>
<td>4/6/2018</td>
<td>7/13/2018</td>
<td>8/3/2018*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td><em>Standards of Practice and Principles of Professional Ethics</em></td>
<td>Teledentistry rules 153.13, 153.15, 153.33, 153.38</td>
<td>Discussion April 2018</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>29</td>
<td><em>Sedation and Nitrous Oxide Inhalation Analgesia</em></td>
<td>Review requirements for allowing sedation in dental offices by CRNAs or MDs, and related requirements. 147.76, 153.33</td>
<td>Discussion June 2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td><em>Prescribing, Administering and Dispensing Drugs</em></td>
<td>Update rules to match requirements of 2018 legislation, DEA and Iowa Board of Pharmacy changes/updates. For More Information, visit the Iowa Board of Pharmacy at 711 E. Third St., Room 511, Des Moines, Iowa 50319 July 1, 2018. The board has 6 months to promulgate rules on mandatory use of the PMP, the establishment of penalties related to prescribing opioids in excessive amounts and mandatory con ed</td>
<td>153.2</td>
<td>Discussion June, 2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>16, 25, 30</td>
<td><em>Prescribing, Administering and Dispensing Drugs</em>, <em>Continuing Education</em>, and <em>Discipline</em></td>
<td></td>
<td>HF2377 Start Discussion June, 2018</td>
<td></td>
<td></td>
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<tr>
<td>10</td>
<td><em>General Requirements</em></td>
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Pursuant to the authority of Iowa Code 147.76, the Dental Board adopts the amendment to Chapter 1, “Administration.”

The purpose of the amendment is to update the definition of “overpayment” to more closely match the definition of “fee” in 650—15.2.

The current definition of “overpayment” indicates that overpayments of less than $10 shall not be refunded. The recently adopted rule amendment to 650—Chapter 15 indicates that requests received with an overpayment shall be returned prior to processing. The definition of “fee” was updated following comments received from the Administrative Rules Review Committee. The purpose of the proposed amendments would eliminate confusion about the process for handling overpayments.

A public hearing was held on April 24, 2018. No oral or written comments were received.

The amendments in Chapter 1 are subject to waiver or variance pursuant to 650-chapter 7.

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

The amendments are intended to implement Iowa Code 147.80.

ITEM 1. Amend subrule 650—1.1 as follows:

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

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

“Board” means the board of dental examiners.

“Chapter” means Iowa Code chapter 153.
“Coronal polish” means an adjunctive procedure that must also include removal of any calculus, if present, by a dentist or dental hygienist. Coronal polishing of teeth using only a rotary instrument and a rubber cup or brush for such purpose, when performed at the direction of and under the supervision of a licensed dentist, is deemed not to be the giving of prophylactic treatment.

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

“Department” means the department of public health.

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

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

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

1. Patients or their legal guardians must be informed prior to the appointment that no dentist will be present and therefore no examination will be conducted at that appointment.

2. The hygienist must consent to the arrangement.

3. Basic emergency procedures must be established and in place and the hygienist must be capable of implementing these procedures.

4. The treatment to be provided must be prior prescribed by a licensed dentist and must be
entered in writing in the patient record.

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

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

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

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

“Overpayment” means payment in excess of the required fee. Overpayment of less than $10 received by the board shall not be refunded shall result in the return of the original request and payment, prior to processing, with a clarification of the total amount due.

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

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

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

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

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

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

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

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

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

“Registration” means a certificate issued to a person to practice as a dental assistant under the laws of this state.
This rule is intended to implement Iowa Code sections 147.1(2), 147.13, 147.30, 147.76, 147.80, 153.13 and 153.15, and chapter 272C.

[ARC 8369B, IAB 12/16/09, effective 1/20/10; ARC 2030C, IAB 6/10/15, effective 7/15/15]
Pursuant to the authority of Iowa Code 147.76 and 153.33, the Dental Board hereby adopts the amendments to Chapter 11, “Licensure to Practice Dentistry or Dental Hygiene.”

The purpose of the amendments is to implement a clearer pathway for foreign-trained dentists to obtain licensure in Iowa. Historically, the Board has approved a number of rule waivers allowing foreign-trained dentists to obtain licensure in Iowa if they completed a minimum of one year in a general practice residency at an ADA-accredited dental school in lieu of the education currently required by rule. The rulemaking would amend the rules to reflect the circumstances under which the board has historically approved rule waivers.

The amendments would also update the references to successful completion of the Test of English as a Foreign Language (TOEFL), and remove reference to the Test of Spoken English (TSE) since this examination is no longer offered.

A public hearing was held on April 24, 2018. No oral or written comments were received.

The amendments in Chapter 11 are subject to waiver or variance pursuant to 650-chapter 7.

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

The amendments are intended to implement Iowa Code 147.2, 147.33, and 153.21.

ITEM 1. Amend subrule 650—11.4 as follows:

650—11.4(153) Graduates of foreign dental schools. In addition to meeting the other requirements for licensure specified in rule 650—11.2(147,153) or 650—11.3(153), an applicant for dental licensure who did not graduate with a DDS or DMD from an accredited dental college approved by the board must provide satisfactory evidence of meeting the following requirements.
11.4(1) The applicant must complete a full-time, undergraduate supplemental dental education program of at least two academic years at an accredited dental college. The program must consist of either: The undergraduate supplemental dental education program must provide didactic and clinical education to the level of a DDS or DMD graduate of the dental college.

a. An undergraduate supplemental dental education program of at least two academic years. The undergraduate supplemental dental education program must provide didactic and clinical education to the level of a DDS or DMD graduate of the dental college; or

b. A postgraduate general practice residency program of at least one academic year.

11.4(2) The applicant must receive a dental diploma, degree or certificate from the accredited dental college upon successful completion of the program.

11.4(3) The applicant must present to the board the following documents:

a. Satisfactory evidence of completion of board-approved dental education at an accredited dental college. An official transcript issued by the accredited dental college that verifies completion of all coursework requirements of the undergraduate supplemental dental education program;

b. A dental diploma, degree or certificate issued by the accredited dental college or a certified copy thereof;

c. A letter addressed to the board from the dean of the accredited dental college verifying that the applicant has successfully completed the requirements set forth in 11.4(1);

def. A final, official transcript verifying graduation from the foreign dental school at which the applicant originally obtained a dental degree. If the transcript is written in a language other than English, an original, official translation shall also be submitted; and

ee. Verification from the appropriate governmental authority that the applicant was licensed or
otherwise authorized by law to practice dentistry in the country in which the applicant received foreign dental school training and that no adverse action was taken against the license.

11.4(4) The applicant must demonstrate to the satisfaction of the board an ability to read, write, speak, understand, and be understood in the English language. The applicant may demonstrate English proficiency by submitting to the board proof of achieving a score sufficient to be rated in the highest level of ability on each section of the Test of English as a Foreign Language (TOEFL) as administered by the Educational Testing Service (ETS) a passing score on one of the following examinations:

a. Test of English as a Foreign Language (TOEFL) administered by the Educational Testing Service. A passing score on TOEFL is a minimum overall score of 550 on the paper-based TOEFL or a minimum overall score of 213 on the computer-administered TOEFL.

b. Test of Spoken English (TSE) administered by the Educational Testing Service. A passing score on TSE is a minimum of 50.

This rule is intended to implement Iowa Code chapter 153.
CHAPTER 29

SEDATION AND NITROUS OXIDE INHALATION ANALGESIA

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

650—29.1(153) Definitions. For the purpose of these rules, relative to the administration of deep sedation/general anesthesia, moderate sedation, minimal sedation, and nitrous oxide inhalation analgesia by licensed dentists, the following definitions shall apply:

“Antianxiety premedication” means minimal sedation. A dentist providing minimal sedation must meet the requirements of rule 650—29.3(153).

“ASA” refers to the American Society of Anesthesiologists Patient Physical Status Classification System. Category 1 means normal healthy patients, and category 2 means patients with mild systemic disease. Category 3 means patients with moderate systemic disease, and category 4 means patients with severe systemic disease that is a constant threat to life.

“Board” means the Iowa dental board established in Iowa Code section 147.14(1)“d.”

“Capnography” means the monitoring of the concentration of exhaled carbon dioxide in order to assess physiologic status or determine the adequacy of ventilation during anesthesia.

“Committee” or “ACC” means the anesthesia credentials committee of the board.

“Conscious sedation” means moderate sedation.

“Deep sedation/general anesthesia” is a controlled state of unconsciousness, produced by a pharmacologic agent, accompanied by a partial or complete loss of protective reflexes, including inability to independently maintain an airway and respond purposefully to physical stimulation or verbal command.

“Delegation of deep sedation/general anesthesia or moderate sedation” means the delegation of moderate sedation or deep sedation/general anesthesia in a dental facility by a sedation permit holder to sedation provider as permitted by state or federal law. Eligible sedation providers include another sedation permit holder, an anesthesiologist currently licensed by the Iowa Board of Medicine or a certified registered nurse anesthetist (CRNA) currently licensed by the Iowa Board of Nursing.

“Facility” means a dental facility, clinic, dental school, or other location where sedation is used.
“Hospitalization” means in-patient treatment at a hospital or clinic. Out-patient treatment at an emergency room or clinic is not considered to be hospitalization for the purposes of reporting adverse occurrences.

“Maximum recommended dose (MRD)” means the maximum FDA-recommended dose of a drug as printed in FDA-approved labeling for unmonitored home use.

“Minimal sedation” means a minimally depressed level of consciousness, produced by a pharmacological method, that retains the patient’s ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected. The term “minimal sedation” also means “antianxiety premedication” or “anxiolysis.” A dentist providing minimal sedation shall meet the requirements of rule 650—29.3(153).

“Moderate sedation” means a drug-induced depression of consciousness, either by enteral or parenteral means, during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. Prior to January 1, 2010, moderate sedation was referred to as conscious sedation.

“Monitoring nitrous oxide inhalation analgesia” means continually observing the patient receiving nitrous oxide and recognizing and notifying the dentist of any adverse reactions or complications.

“Nitrous oxide inhalation analgesia” refers to the administration by inhalation of a combination of nitrous oxide and oxygen producing an altered level of consciousness that retains the patient’s ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command.

“Pediatric” means patients aged 12 or under.

[ARC 8614B, IAB 3/10/10, effective 4/14/10; ARC 1194C, IAB 11/27/13, effective 11/4/13; ARC 3491C, IAB 12/6/17, effective 1/10/18]


29.2(1) A dentist may use nitrous oxide inhalation analgesia sedation on an outpatient basis for dental
patients provided the dentist:

a. Has completed training while a student in an accredited school of dentistry; or

b. Has completed another board-approved course of training, and

c. Has adequate equipment with fail-safe features and minimum oxygen flow which meets FDA standards.

d. Has routine inspection, calibration, and maintenance on equipment performed every two years and maintains documentation of such, and provides documentation to the board upon request.

e. Ensures the patient is continually monitored by qualified personnel while receiving nitrous oxide inhalation analgesia.

29.2(2) A dentist utilizing nitrous oxide inhalation analgesia shall be trained and capable of administering basic life support, as demonstrated by current certification in a nationally recognized course in cardiopulmonary resuscitation.

29.2(2) A licensed dentist who has been utilizing nitrous oxide inhalation analgesia in a dental facility in a competent manner for the 12-month period preceding July 9, 1986, but has not had the benefit of formal training outlined in paragraph 29.2(1)“a” or 29.2(1)“b,” may continue the use provided the dentist fulfills the requirements of paragraphs 29.2(1)“c” and “d” and subrule 29.2(2).

29.2(3) A dental hygienist may administer nitrous oxide inhalation analgesia provided the administration of nitrous oxide inhalation analgesia has been delegated by a dentist, and the hygienist meets the following qualifications:

a. Has completed training while a student in an accredited school of dental hygiene; or

b. Has completed another board-approved course of training.

29.2(4) A dentist who delegates the administration of nitrous oxide inhalation analgesia in accordance with 29.2(3) shall provide direct supervision and establish a written office protocol for taking vital signs, adjusting anesthetic concentrations, and addressing emergency situations that may arise.

29.2(5) A dental hygienist or registered dental assistant may monitor a patient under nitrous oxide inhalation analgesia provided all of the following requirements are met:

a. The hygienist or registered dental assistant has completed a board-approved course of training or
has received equivalent training while a student in an accredited school of dental hygiene or dental assisting;

b. The task has been delegated by a dentist and is performed under the direct supervision of a dentist;

c. Any adverse reactions are reported to the supervising dentist immediately; and

d. The dentist dismisses the patient following completion of the procedure.

29.2(6) A registered dental assistant who monitors a patient under nitrous oxide inhalation analgesia is prohibited from inducing, adjusting the levels of, or deducing nitrous oxide.

29.2(7) If the dentist intends to achieve a state of moderate sedation from the administration of nitrous oxide inhalation analgesia, the rules for moderate sedation apply.

[ARC 8369B, IAB 12/16/09, effective 1/20/10; ARC 8614B, IAB 3/10/10, effective 4/14/10]

650—29.3(153) Definition of minimal sedation.

29.3(1) The term “minimal sedation” also means “antianxiety premedication” or “anxiolysis.”

29.3(2) If a dentist intends to achieve a state of moderate sedation from the administration of minimal sedation, the rules for moderate sedation shall apply.

29.3(3) A dentist utilizing minimal sedation and the dentist’s auxiliary personnel shall be trained in and capable of administering basic life support.

29.3(4) Minimal sedation for adults.

a. Minimal sedation for adults is limited to a dentist’s prescribing or administering a single enteral drug that is no more than 1.0 times the maximum recommended dose (MRD) of a drug that can be prescribed for unmonitored home use. A single supplemental dose of the same drug may be administered, provided the supplemental dose is no more than one-half of the initial dose and the dentist does not administer the supplemental dose until the dentist has determined the clinical half-life of the initial dose has passed.

b. The total aggregate dose shall not exceed 1.5 times the MRD on the day of treatment.

c. For adult patients, a dentist may also utilize nitrous oxide inhalation analgesia in combination with a single enteral drug.

d. Combining two or more enteral drugs, excluding nitrous oxide, prescribing or administering drugs that are not recommended for unmonitored home use, or administering any intravenous drug constitutes
moderate sedation and requires that the dentist must hold a moderate sedation permit.

29.3(4) Minimal sedation for ASA category 3 or 4 patients or pediatric patients.

a. Minimal sedation for ASA category 3 or 4 patients or pediatric patients is limited to a dentist’s prescribing or administering a single dose of a single enteral drug that can be prescribed for unmonitored home use and that is no more than 1.0 times the maximum recommended dose.

b. A dentist may administer nitrous oxide inhalation analgesia for minimal sedation of ASA category 3 or 4 patients or pediatric patients provided the concentration does not exceed 50 percent and is not used in combination with any other drug.

c. The use of one or more enteral drugs in combination with nitrous oxide, the use of more than a single enteral drug, or the administration of any intravenous drug in ASA category 3 or 4 patients or pediatric patients constitutes moderate sedation and requires that the dentist must hold a moderate sedation permit.

29.3(5) A dentist providing minimal sedation shall not bill for non-IV conscious or moderate sedation.

29.3(6) A dentist shall ensure that any advertisements related to the availability of antianxiety premedication, anxiolysis, or minimal sedation clearly reflect the level of sedation provided and are not misleading.

[ARC 8614B, IAB 3/10/10, effective 4/14/10]

650—29.4(153) Prohibitions.

29.4(1) Deep sedation/general anesthesia. Dentists licensed in this state shall not administer or delegate the administration of deep sedation/general anesthesia in the practice of dentistry until they have obtained a general anesthesia permit from this office. Dentists shall only administer or delegate the administration of deep sedation/general anesthesia in a facility that has successfully passed inspection as required by the provisions of this chapter.

29.4(2) Moderate sedation. Dentists licensed in this state shall not administer or delegate the administration of moderate sedation in the practice of dentistry until they have obtained a moderate sedation or general anesthesia permit from this board. Dentists shall only administer or delegate the administration of moderate sedation in a facility that has successfully passed inspection as required by the provisions of this chapter.

29.4(3) Pharmacologic agents. Sedation permit holders shall only use pharmacologic agents (Dilaudid,
Ketamine, Propofol) suitable for the intended level of sedation. Pharmacologic agents, which are manufactured for the purpose of deep sedation/general anesthesia shall only be used for that purpose.

29.4(4) Nitrous oxide inhalation analgesia. Dentists licensed in this state shall not administer nitrous oxide inhalation analgesia in the practice of dentistry until they have complied with the provisions of rule 650—29.2(153).

29.4(5) Antianxiety premedication. Dentists licensed in this state shall not administer antianxiety premedication in the practice of dentistry until they have complied with the provisions of rule 650—29.3(153).

29.4(6) Delegation of dental services to auxiliary during sedation. A dentist utilizing or delegating the administration of moderate sedation or deep sedation/general anesthesia may only delegate services to be performed by other licensees or registrants provided the dentist prescribing those services is present in the treatment room while the patient is under moderate sedation or deep sedation/general anesthesia.

650—29.5(153) Definition of moderate sedation.

29.5(1) The term “moderate sedation” also means “conscious sedation.”

29.5(2) If moderate sedation is achieved in a patient, the dentist must hold an active sedation permit and comply with all requirements for administering moderate sedation in a dental facility as established in this chapter.

29.5(3) The following shall constitute moderate sedation:

- The prescription or administration of a single does of a single enteral drug in excess of 1.5 MRD on the day of treatment;
- The combination of more than one enteral drug;
- The administration of any intravenous drug;
- The administration or prescription of drugs that are not recommended for unmonitored home use;
- The administration of nitrous oxide with more than one enteral drug; and
- The moderate sedation of an ASA category 3-4 patient or a pediatric patient as defined pursuant to subrule 29.4(4)(c).

29.5(3) The decision as to whether a patient is a suitable candidate for moderate sedation must be made
by a permit holder.

29.5(5) No dentist shall use or permit the use of moderate sedation for dental patients in a facility that has not successfully passed an equipment inspection pursuant to the requirements of rule 29.9. A dentist holding a permit shall be subject to review and facility inspection at a frequency described in rule 29.9(3).

650—29.6(153) Moderate sedation permit holders.

29.6(1) If a dental facility has not been previously inspected, no permit shall be issued until the facility has been inspected and successfully passed.

29.6(2) Permits shall be renewed biennially at the time of license renewal following submission of proper application and may involve board re-evaluation of credentials, facilities, equipment, personnel, and procedures of a previously qualified dentist to determine if the dentist is still qualified. The appropriate fee for renewal as specified in 650—Chapter 15 of these rules must accompany the application.

29.6(3) Upon the recommendation of the anesthesia credentials committee that is based on the evaluation of credentials, facilities, equipment, personnel and procedures of a dentist, the board may determine that restrictions may be placed on a permit.

29.6(4) Permit holders shall follow the American Dental Association’s guidelines, or other guidelines prior approved by the board, for the use of sedation and general anesthesia for dentists, except as otherwise specified in these rules.

29.6(5) The dentist shall ensure that each facility where sedation services are provided is permanently equipped pursuant to subrule 29.9 and staffed with trained auxiliary personnel capable of reasonably handling procedures, problems and emergencies incident to the administration of moderate sedation. Auxiliary personnel shall maintain current certification in Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS) basic life support and be capable of administering basic life support. Current certification means certification by an organization on an annual basis or, if that certifying organization requires certification on a less frequent basis, evidence that the permit holder has been properly certified for each year covered by the renewal period. In addition, the course must include a clinical component.

29.6(6) A dentist administering moderate sedation must document and maintain current certification in
Advanced Cardiac Life Support (ACLS). A dentist administering moderate sedation to pediatric patients may maintain current certification in Pediatric Advanced Life Support (PALS) in lieu of ACLS. Current certification means certification by an organization on an annual basis or, if that certifying organization requires certification on a less frequent basis, evidence that the permit holder has been properly certified for each year covered by the renewal period. In addition, the course must include a clinical component.

29.6(7) A dentist who is performing a procedure for which moderate sedation is being employed administering moderate sedation in a dental facility shall utilize the not administer the pharmacologic agents and monitor the patient without the presence and assistance of at least one licensed dentist, dental hygienist, nurse, or registered dental assistant qualified auxiliary personnel in the room who is qualified under subrule 29.6(5). The qualified personnel shall be present in the treatment room and continually monitor the patient for the duration of the sedation service.

29.6(8) Dentists qualified to administer moderate sedation may administer nitrous oxide inhalation analgesia provided they meet the requirement of rule 650—29.2(153).

29.6(9) If moderate sedation results in a general anesthetic state, the rules for deep sedation/general anesthesia apply.

29.6(10) A dentist utilizing moderate sedation on pediatric or ASA category 3 or 4 patients must have completed an accredited residency program that includes formal training in anesthesia and clinical experience in managing pediatric or ASA category 3 or 4 patients. A dentist who does not meet the requirements of this subrule is prohibited from utilizing moderate sedation on pediatric or ASA category 3 or 4 patients.

29.6(11) Use of capnography or pretracheal/precordial stethoscope required for moderate sedation providers permit holders. Beginning January 1, 2018, all moderate sedation permit holders shall use require the use of capnography to monitor end-tidal CO₂ unless precluded or invalidated by the nature of the patient, procedure or equipment. In cases where the use of capnography is precluded or invalidated for the reasons listed previously, a pretracheal or precordial stethoscope must be used to continually monitor the auscultation of breath sounds at all facilities where permit holders provide sedation.
650—29.7(153) Definition of general anesthesia.

29.7(1) A controlled state of unconsciousness, produced by a sedative, which render a patient unconscious, accompanied by a partial or complete loss of protective reflexes, including inability to independently maintain an airway and respond purposefully to physical stimulation or verbal command shall constitute deep sedation/general anesthesia.

29.7(2) The administration of sedative agents intended for deep sedation/general anesthesia (e.g. Propofol, Ketamine, Dilaudid) shall constitute deep sedation/general anesthesia.

29.7(2) If a licensee intends to administer deep sedation/general anesthesia in a dental facility, the dentist must hold an active general anesthesia sedation permit issued by this board, and comply with all requirements for administering deep sedation/general anesthesia in a dental facility as established in this chapter.

29.7(2) No dentist shall use or permit delegate the use administration of deep sedation/general anesthesia or moderate sedation in a dental office for dental patients, unless the dentist possesses a current permit issued by the board. No dentist shall use or permit the use of deep sedation/general anesthesia or moderate sedation for dental patients in a facility that has not successfully passed an equipment inspection pursuant to the requirements of rule 29.9. A dentist holding a permit shall be subject to review and facility inspection at a frequency described in rule 29.9(3).

650—29.8(153) General anesthesia permit holders.

29.8(1) If a dental facility has not been previously inspected, no permit shall be issued until the facility has been inspected and successfully passed.

29.8(2) Permits shall be renewed biennially at the time of license renewal following submission of proper application and may involve board re-evaluation of credentials, facilities, equipment, personnel, and procedures of a previously qualified dentist to determine if the dentist is still qualified. The appropriate fee for renewal as specified in 650—Chapter 15 of these rules must accompany the application.

29.8(3) Upon the recommendation of the anesthesia credentials committee that is based on the
evaluation of credentials, facilities, equipment, personnel and procedures of a dentist, the board may determine that restrictions may be placed on a permit.

29.8(4) Permit holders shall follow the American Dental Association’s guidelines, or other guidelines prior approved by the board, for the use of sedation and general anesthesia for dentists, except as otherwise specified in these rules.

29.8(5) The dentist shall ensure that each facility where sedation services are provided is permanently equipped pursuant to rule 29.9 and staffed with trained auxiliary personnel capable of reasonably handling procedures, problems and emergencies incident to the administration of general anesthesia. Auxiliary personnel shall maintain current certification in Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS) basic life support and be capable of administering basic life support. Current certification means certification by an organization on an annual basis or, if that certifying organization requires certification on a less frequent basis, evidence that the permit holder has been properly certified for each year covered by the renewal period. In addition, the course must include a clinical component.

29.8(6) A dentist administering deep sedation/general anesthesia must document and maintain current certification in Advanced Cardiac Life Support (ACLS). Current certification means certification by an organization on an annual basis or, if that certifying organization requires certification on a less frequent basis, evidence that the permit holder has been properly certified for each year covered by the renewal period. In addition, the course must include a clinical component.

29.8(7) A dentist who is performing a procedure for which administering deep sedation/general anesthesia was induced in a dental facility shall not administer the general anesthetic and monitor the patient without the presence and utilize the assistance of at least two personnel, such as a licensed dentist, dental hygienist, nurse, or registered dental assistant, who are qualified under subrule 29.3(3). The qualified personnel shall be present in the treatment room and continually monitor the patient for the duration of the sedation service.

29.8(8) A dentist qualified to administer deep sedation/general anesthesia under this rule may administer moderate sedation and nitrous oxide inhalation analgesia provided the dentist meets the requirements of rule 650—29.2(153).
29.8(9) Use of capnography and pretracheal or precordial stethoscope.

a. Consistent with the practices of the American Association of Oral and Maxillofacial Surgeons (AAOMS), all general anesthesia/deep sedation permit holders shall use capnography at all facilities where they provide sedation beginning January 1, 2014.

b. All general anesthesia/deep sedation permit holders shall use a pretracheal or precordial stethoscope to continually monitor auscultation of breath sounds beginning January 1, 2018.

29.8(10) Sedation permit providers who utilize deep sedation/general anesthesia in a dental facility shall maintain an open airway for the duration of the sedation.

650—29.9(153) Facility Inspections.

29.9(1) The dentist shall maintain and be trained on the following equipment at each dental facility where sedation is provided: capnography to monitor end-tidal CO₂, pretracheal or precordial stethoscope, EKG monitor, positive pressure oxygen, suction, laryngoscope and blades, endotracheal tubes, magill forceps, oral airways, stethoscope, blood pressure monitoring device, pulse oximeter, emergency drugs, defibrillator. A licensee may submit a request to the board for an exemption from any of the provisions of this subrule.

29.9(2) The actual costs associated with the on-site evaluation of the facility shall be the primary responsibility of the licensee. The cost to the licensee shall not exceed the fee as specified in 650—Chapter 15.

29.9(3) Frequency of facility inspections.

a. The board or designated agents of the board or anesthesia credentials committee will conduct ongoing facility inspections of each primary facility every five years, with the exception of the University of Iowa College of Dentistry, hospitals and outpatient surgical clinics. Satellite facilities may be inspected at the discretion of the board. A permit holder must provide a written attestation confirming that all satellite facilities meet the provisions of this section.

b. The University of Iowa College of Dentistry shall submit written verification to the board office every five years indicating that it is properly equipped pursuant to this chapter.

29.9(4) Change or addition of a sedation facility.

a. A sedation permit holder shall notify the board office in writing within 60 days of a change in location of an approved sedation facility.
b. A sedation permit holder shall notify the board office in writing within 60 days of an additional facility locations.

650—29.10(153) Delegation of moderate sedation and general anesthesia services.

29.10(1) A licensed dentist who holds a current sedation permit may delegate the administration of sedation in a dental facility to another dentist who holds a current sedation permit issued by this board, an anesthesiologist currently licensed by the Iowa Board of Medicine, or a certified registered nurse anesthetist currently licensed by the Iowa Board of Nursing provided the licensees meet the following requirements:

a. A licensed dentist who holds a current moderate sedation permit may delegate the administration of moderate sedation;

b. A licensed dentist who holds a current general anesthesia permit may delegate the administration of moderate sedation or deep sedation/general anesthesia; and

c. The licensed dentist who delegates the administration of sedation services must remain present in the treatment room while the patient is under moderate sedation or deep sedation/general anesthesia.

29.10(2) A dentist who delegates the administration of moderate sedation and deep sedation/general anesthesia services must maintain a permanently-equipped facility pursuant to subrule 29.9.

29.10(3) A licensed dentist who delegates the administration of moderate sedation or deep sedation/general anesthesia services shall follow the American Dental Association’s guidelines, or other guidelines prior approved by the Board, for the use of sedation and general anesthesia for dentists, except as otherwise specified in these rules.

29.10(4) A dentist who is performing a procedure for which moderate sedation is being administered shall not delegate the administration of the pharmacologic agents in a dental facility and monitor the patient without the presence and assistance of at least one qualified auxiliary personnel in the room who is qualified under subrule 29.6(5).

29.10(5) A dentist who is performing a procedure for which deep sedation/general anesthesia is being administered in a dental facility shall not delegate the administration of the pharmacologic agents and monitor the patient without the presence and assistance of at least two qualified auxiliary personnel in the room who are
qualified under subrule 29.8(5).

29.10(6) A licensed dentist, who does not hold a current qualification to sedate pediatric and/or ASA category 3-4 patients as part of their moderate sedation permit, shall not delegate the administration of moderate sedation to pediatric or ASA category 3 or 4 patients.

29.10(7) Entries in the patient record shall comply with the requirements established in subrule 29.11(2).

29.10(8) Permit holders may administer sedation on behalf of another licensed dentist, who does not hold a sedation permit, provided the permit holder complies with the following:

a. The sedation permit holder completes a pre-operative evaluation of the patient, and determines the patient is a suitable candidate for sedation;

b. The sedation permit holder administers the administration of the moderate or deep sedation/general anesthesia;

c. The sedation is provided at a dental facility, which has successfully passed an inspection pursuant to the requirements of 29.9, at the University of Iowa College of Dentistry, hospital or outpatient surgery clinic; and

d. The sedation permit holder complies with all other rules herein.

650—29.11 (153) Record keeping.

29.11(1) Minimal sedation. An appropriate sedative record must be maintained and must contain the names of all drugs administered, including local anesthetics and nitrous oxide, dosages, time administered, and monitored physiological parameters, including oxygenation, ventilation, and circulation.

29.11(2) Moderate or deep sedation. The patient chart must include preoperative and postoperative vital signs, drugs administered, dosage administered, anesthesia time in minutes, and monitors used. Pulse oximetry, heart rate, respiratory rate, and blood pressure must be recorded continually until the patient is fully ambulatory. The chart should contain the name of the person to whom the patient was discharged.

29.11(3) Nitrous oxide inhalation analgesia. The patient chart must include the concentration administered and duration of administration, as well as any vital signs taken.

[ARC 8369B, IAB 12/16/09, effective 1/20/10; ARC 8614B, IAB 3/10/10, effective 4/14/10; ARC 1194C, IAB 11/27/13, effective 11/4/13]
These rules are intended to implement Iowa Code sections 153.33 and 153.34.

650—29.12(153) Reporting of adverse occurrences related to sedation, nitrous oxide inhalation analgesia, and antianxiety premedication.

29.12(1) Reporting. All licensed dentists in the practice of dentistry in this state must submit a report within a period of seven days to the board office of any mortality or other incident which results in temporary or permanent physical or mental injury requiring hospitalization of the patient during, or as a result of, antianxiety premedication, nitrous oxide inhalation analgesia, or sedation. The report shall include responses to at least the following:

a. Description of dental procedure.

b. Description of preoperative physical condition of patient.

c. List of drugs and dosage administered.

d. Description, in detail, of techniques utilized in administering the drugs utilized.

e. Description of adverse occurrence:

   1. Description, in detail, of symptoms of any complications, to include but not be limited to onset, and type of symptoms in patient.

   2. Treatment instituted on the patient.


   f. Description of the patient’s condition on termination of any procedures undertaken.

29.12(2) Failure to report. Failure to comply with subrule 29.12(1), when the occurrence is related to the use of sedation, nitrous oxide inhalation analgesia, or antianxiety premedication, may result in the dentist’s loss of authorization to administer sedation, nitrous oxide inhalation analgesia, or antianxiety premedication or in any other sanction provided by law.

[ARC 8614B, IAB 3/10/10, effective 4/14/10; ARC 1194C, IAB 11/27/13, effective 11/4/13]

650—29.13(153) Requirements for issuance of a moderate sedation or general anesthesia permit.

29.13(1) No dentist shall use or permit the use of deep sedation/general anesthesia or moderate sedation
for dental patients, unless the dentist possesses a current permit issued by the board. No dentist shall use or permit the use of deep sedation/general anesthesia or moderate sedation for dental patients in a facility that has not successfully passed an equipment inspection pursuant to the requirements of rule 29.9. A dentist holding a permit shall be subject to review and facility inspection at a frequency described in subrule 29.9(3).

29.13(2) An application for moderate sedation or general anesthesia permit is submitted to the board, and includes the fee as specified in 650 - Chapter 15.

29.13(3) The applicant for moderate sedation permit has completed education and training that complies with the following:

a. Successfully completed a training program approved by the board that meets the American Dental Association Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students or another board approved program, and that consists of a minimum of 60 hours of instruction and management of at least 20 patients; and

b. Successfully completed training that includes rescuing patients from a deeper level of sedation than intended, including managing the airway, intravascular or intraosseous access, and reversal medications; or

c. Has submitted evidence of successful completion of an accredited residency program that includes formal training and clinical experience in moderate sedation, which is approved by the board.

29.13(4) The applicant for general anesthesia permit has completed education and training that complies with the following:

a. Successful completion an advanced education program accredited by the Commission on Dental Accreditation that provides training in deep sedation and general anesthesia;

b. Successful completion of a minimum of one year of advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level in a training program approved by the anesthesia credentials committee; and

c. Completion of formal training in airway management.

29.13(5) All facilities where the applicant intends to provide sedation services have been inspected by
the board or designated agent within five years of the date of application pursuant to rule 29.9:

29.13(6) Applicant must document and maintain current certification in Advanced Cardiac Life Support (ACLS). Current certification means certification by an organization on an annual basis or, if that certifying organization requires certification on a less frequent basis, evidence that the permit holder has been properly certified for each year covered by the renewal period. In addition, the course must include a clinical component.

29.13(7) The applicant has completed a peer review evaluation, as may be required by the anesthesia credentials committee board, prior to issuance of a permit.

29.13(8) A licensed dentist who has been utilizing deep sedation/general anesthesia in a competent manner for the five-year period preceding July 9, 1986, but has not had the benefit of formal training as outlined in this rule, may apply for a permit provided the dentist fulfills the provisions set forth in 29.13(2), 29.13(5), 29.13(6), and 29.13(7).

[ARC 8614B, IAB 3/10/10, effective 4/14/10; ARC 1194C, IAB 11/27/13, effective 11/4/13; ARC 3491C, IAB 12/6/17, effective 1/10/18]


29.14(1) Review by board staff. Upon receipt of a completed application, board staff will review the application for eligibility. Following staff review, a public meeting of the anesthesia credentials committee (ACC) will be scheduled.

29.14(2) Review by the anesthesia credentials committee (ACC). Following review and consideration of an application, the ACC may at its discretion:

a. Request additional information;

b. Request an investigation;

c. Request that the applicant appear for an interview;

d. Recommend issuance of the permit;

e. Recommend issuance of the permit under certain terms and conditions or with certain restrictions;

f. Recommend denial of the permit;

g. Refer the permit application to the board for review and consideration without recommendation; or

h. Request a peer review evaluation.
29.13(3) **Review by executive director.** If, following review and consideration of an application, the ACC recommends issuance of the permit with no restrictions or conditions, the executive director as authorized by the board has discretion to authorize the issuance of the permit.

29.13(4) **Review by board.** The board shall consider applications and recommendations from the ACC. The board may take any of the following actions:

a. Request additional information;

b. Request an investigation;

c. Request that the applicant appear for an interview;

d. Grant the permit;

e. Grant the permit under certain terms and conditions or with certain restrictions; or

f. Deny the permit.

29.14(5) **Right to defer final action.** The ACC or board may defer final action on an application if there is an investigation or disciplinary action pending against an applicant who may otherwise meet the requirements for permit until such time as the ACC or board is satisfied that issuance of a permit to the applicant poses no risk to the health and safety of Iowans.

29.14(6) **Appeal process for denials.** If a permit application is denied, an applicant may file an appeal of the final decision using the process described in rule 650—11.10(147).

[ARC 1194C, IAB 11/27/13, effective 11/4/13]

650—29.15 (153) **Renewal.** A permit to administer deep sedation/general anesthesia or moderate sedation shall be renewed biennially at the time of license renewal. Permits expire August 31 of every even-numbered year.

29.15(1) **To renew a permit,** a licensee must submit the following:

a. Evidence of renewal of ACLS certification. **PALS certification is also acceptable if the permit holder provides sedation services pediatric patients.**

b. A minimum of six hours of continuing education in the area of sedation. These hours may also be submitted as part of license renewal requirements.

c. The appropriate fee for renewal as specified in 650—Chapter 15.
29.15(2) Failure to renew the permit prior to November 1 following its expiration shall cause the permit to lapse and become invalid for practice.

29.15(3) A permit that has been lapsed may be reinstated upon submission of a new application for a permit in compliance with rule 650—29.13(153) and payment of the application fee as specified in 650—Chapter 15.

[ARC 8614B, IAB 3/10/10, effective 4/14/10; ARC 1194C, IAB 11/27/13, effective 11/4/13]

650—29.16(147,153,272C) Grounds for nonrenewal. A request to renew a permit may be denied on any of the following grounds:

29.16(1) After proper notice and hearing, for a violation of these rules or Iowa Code chapter 147, 153, or 272C during the term of the last permit renewal.

29.16(2) Failure to pay required fees.

29.16(3) Failure to obtain required continuing education.

29.16(4) Failure to provide documentation of current ACLS or PALS certification.

29.16(5) Failure to provide documentation of maintaining a properly equipped facility.

29.16(6) Receipt of a certificate of noncompliance from the college student aid commission or the child support recovery unit of the department of human services in accordance with 650—Chapter 33 or 650—Chapter 34.

[ARC 1194C, IAB 11/27/13, effective 11/4/13]

650—29.17(153) Anesthesia credentials committee.

29.17(1) The anesthesia credentials committee is a peer review committee appointed by the board to assist the board in the administration of this chapter. This committee shall be chaired by a member of the board and shall include at least six additional members who are licensed to practice dentistry in Iowa. At least four members of the committee shall hold deep sedation/general anesthesia or moderate sedation permits issued under this chapter.

29.17(2) The anesthesia credentials committee shall perform the following duties at the request of the board:

a. Review all permit applications and make recommendations to the board regarding those applications.

b. Conduct site visits at facilities under rule 650—29.9 (153) and report the results of those site visits to
the board. The anesthesia credentials committee may submit recommendations to the board regarding the appropriate nature and frequency of site visits.

c. Perform professional evaluations and report the results of those evaluations to the board.

d. Other duties as delegated by the board or board chairperson.

[ARC 1194C, IAB 11/27/13, effective 11/4/13]

650—29.18(153) **Noncompliance.** Violations of the provisions of this chapter may result in revocation or suspension of the dentist’s permit or other disciplinary measures as deemed appropriate by the board.
Expanded Functions Committee  
An Ad Hoc Committee of the Iowa Dental Board

**Purpose:** The purpose of the Expanded Functions Committee is to evaluate current expanded function rules and make recommendations to the Board concerning potential rule changes.

This will be achieved through:
- Assessing the extent to which current expanded functions meet ongoing needs in clinical practice.
- Determining which functions, if any, need to be moved, added or eliminated.
- Reviewing current training standards and making recommendations for changes, if any.
- Discussing the issue of certification for expanded function providers.

**Committee Members (Approved by the Board on 1/26/18)**
- Dr. Monica Foley, Iowa Dental Board, Dentist Member
- Lori Elmitt, Iowa Dental Board, Public Member
- Mary Kelly, R.D.H., Iowa Dental Board, Hygiene Member
- Dr. Patty Meredith, University of Iowa College of Dentistry
- Dr. Tad Mabry, University of Iowa College of Dentistry
- Dr. Lisa Holst, General Dentist
- Dr. Carol Moreno, General Dentist
- Kelsey Fisk, D.A., EFDA Level 1
- Barbara Besel-Votrain, D.A., Program Director, Vatterott College
- Shaunda Clark, R.D.H., Program Director, Kirkwood Community College
- Tracy Pomerson, D.A., EFDA Level 1
- Jane Slach, D.A., Kirkwood Community College

**Committee Member (Approved by the Board on 4/4/18)**
- Rachel Pfeifer, R.D.H., EFDA Level 2
2018 Expanded Functions Committee Schedule

April 13, 2018: Expanded Functions Committee, Meeting #1  
Location: University of Iowa School of Dentistry, N304- Dean’s Conference Room  
Time: 1-3pm  
Tentative Agenda: Overview of Current Rules, Discussion of Functions

May 18, 2018: Expanded Functions Committee, Meeting #2  
Location: Iowa Dental Board, 400 SW 8th Street, Suite D, Des Moines  
Time: 1-3pm  
Tentative Agenda: Discussion of Functions, Level 1 Training and Certification  
Begin Rough Draft of Rule Revisions

- Committee Update Reported to Board at June 8, 2018 Meeting

June 29, 2018: Expanded Functions Committee, Conference Call, Meeting #3  
Location: Phone Meeting  
Time: 1-2pm  
Tentative Agenda: Review and Discuss Rough Draft of Rule Revisions

- Committee Update, with Draft Rules, Reported to Board at August 2, 2018 Meeting

August 31, 2018: Expanded Functions Committee, Meeting #4  
Location: University of Iowa School of Dentistry  
Time: 1-3pm  
Tentative Agenda: Continued Discussion and Modification of Draft Rule Revisions

- Committee Update, with Second Draft Rules, Reported to Board at September 28, 2018 Meeting

October 12, 2018: Expanded Functions Committee, Conference Call, Meeting #3  
Location: Phone Meeting  
Time: 1-2pm  
Tentative Agenda: Discussion and Final Revisions to Rules

- Rules Submitted to Board as Final at November 16, 2018 Meeting
TITLE III
LICENSING

CHAPTER 23 [NEW CHAPTER]
EXPANDED FUNCTIONS

23.1(153) Definitions. As used in this chapter:

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

"Direct supervision" means that the dentist is present in the treatment facility, but it is not required that the dentist be physically present in the treatment room while the expanded functions practitioner is performing acts assigned by the dentist.

"Fabrication" means that the construction or creation of an impression, registration or provisional restoration.

"General supervision" means that a dentist has examined the patient and has delegated the services to be provided by the expanded functions practitioner. The dentist need not be present in the facility while these services are being provided. The patient must be informed that the dentist is not present, and that an examination will not be conducted. The patient must consent to receive the treatment under general supervision.

"Expanded functions practitioner" means any licensed dental hygienist or registered dental assistant, who has successfully completed the requirements for training in expanded functions and is able to provide those services in accordance with these rules.

"Intermediate Restorative Material" or “IRM” means any restorative period intended to remain in place for up to one year.

"Prosthetic” means any provisional or permanent restoration intended to replace a tooth or teeth.

"Provisional Restorations” for the purposes of these rules means crowns or bridges placed with the intention of being replaced by a permanent crown or bridge at a later date, or the placement of orthodontic brackets after the location of placement has been determined by a dentist.

"Registered dental assistant” means any person who has met the requirements for registration and has been issued a certificate of registration.

23.2(153) Expanded Functions Requirements.

23.2(1) Expanded functions practitioners may only perform expanded function procedures which are delegated by and performed under the direct supervision of a dentist licensed pursuant to Iowa Code chapter 153. Dental assistant trainees are not eligible to train in or perform expanded function procedures. The taking of occlusal registrations by a licensed dental hygienist for purposes other than mounting study casts may be performed under general supervision; all other expanded function procedures shall be performed under direct supervision.

23.2(2) An expanded functions practitioner shall not perform any expanded function procedures listed in this chapter unless the practitioner has successfully met the education and training requirements and is in compliance with the requirements of this chapter.

23.2(3) All expanded function training must be prior-approved by the board pursuant to rule 23.XX. The supervising dentist and the expanded functions practitioners shall be responsible for maintaining in each dental facility of practice documentation of successful completion of the board-approved training.

23.2(4) To be eligible to train in Level 1 expanded functions, a practitioner must comply with one of the following:

a. Hold an active dental hygiene license in Iowa; or
b. Hold an active dental assistant registration, and comply with at least one of the following:
   1. Be a graduate of an ADA-accredited dental assistant program; or
2. Be currently certified by the Dental Assisting National Board (DANB); or
3. Have at least one year of clinical practice as a registered dental assistant; or
4. Have at least one year of clinical practice as a dental assistant in a state that does not require registration.

23.2(5) To be eligible for training in Level 2 expanded functions, the expanded functions practitioner must have a minimum of one year in clinical practice as a Certified Level 1 expanded functions practitioner.

23.2(6) A dentist, who delegates Level 1 or Level 2 expanded functions to an expanded functions practitioner, must examine the patient to review the quality of work prior to the conclusion of the dental appointment.

23.3(153) Types of Expanded Function practitioners.

a. Basic expanded function practitioner. Expanded functions practitioners who do not wish to become certified as a Level 1 or Level 2 practitioner 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 only delegate to an expanded functions practitioner those Level 1 procedures for which the expanded functions practitioner has received the required expanded function training.

b. Certified Level 1 practitioner. An expanded functions practitioner must successfully complete training for all Level 1 expanded function procedures before becoming a certified Level 1 expanded functions practitioner. A dentist may delegate any of the Level 1 expanded function procedures to an expanded functions practitioner who is a certified Level 1 practitioner.

c. Certified Level 2 practitioner. An expanded functions practitioner must be a certified Level 1 practitioner, have a minimum of one year of clinical practice as a certified Level 1 expanded functions practitioner, and successfully pass a board-approved entrance examination with a score of at least 75 percent before beginning training to become a certified Level 2 practitioner. An expanded functions practitioner must successfully complete training for all Level 2 expanded function procedures before becoming a certified Level 2 practitioner.

(1) A dentist may delegate any of the Level 1 or Level 2 expanded function procedures to an expanded functions practitioner who is a certified Level 2 practitioner.

23.4(153) Level 1 Expanded Functions Procedures for Dental Assistants.

23.4(1) A dentist may delegate any of the Level 1 expanded function procedures to an expanded functions dental assistant who has completed training in any of the Level 1 expanded functions procedures. Level 1 procedures for dental assistants include:

1. Taking occlusal registrations for the fabrication of dental appliances except for removable prosthetics;
2. Placement and removal of gingival retraction;
3. Fabrication, temporary cementation and removal of provisional crown and bridge restorations;
4. Applying cavity liners and bases, desensitizing agents, and bonding systems;
5. Placement and removal of dry socket medication;
6. Placement of periodontal dressings;
7. Testing pulp vitality;
8. Monitoring of nitrous oxide inhalation analgesia;
9. Taking final impressions for the fabrication of fixed crown and bridge restorations;
10. Removal of adhesives and restorative materials (non-motorized hand instrumentation only); and
11. Preliminary charting of existing dental restorations and teeth.

23.4(2) Notwithstanding 650—paragraph 10.3(1)“e” and paragraph 20.4(2)“e,” for the purposes of this chapter, the removal of adhesives and restorative materials by hand instrumentation does not constitute the removal of “hard natural or synthetic material.”
23.4(3) Notwithstanding 650—23.4(1), dental assistants may not induce, alter or deduce nitrous oxide levels while monitoring a patient under nitrous oxide. Pursuant to subrule 650—29.6(5) a dental assistant must immediately notify a licensed dentist of any adverse reactions.

23.5(153) Level 1 Expanded Functions Procedures for Dental Hygienists.

23.5(1) A dentist may delegate any of the Level 1 expanded function procedures to an expanded functions dental hygienist who has completed training in any of the Level 1 expanded functions procedures. Level 1 procedures for dental hygienists include:

1. Taking occlusal registrations for purposes other than mounting study casts;  
2. Placement and removal of gingival retraction;  
3. Fabrication, temporary cementation, and removal of provisional crown and bridge restorations;  
4. Applying cavity liners and bases and bonding systems for restorative purposes; and  
5. Taking final impressions for the fabrication of fixed crown and bridge restorations.

23.6(153) Level 2 Expanded Functions Procedures for Dental Assistants and Dental Hygienists.

23.6(1) A dentist may delegate any of the Level 1 or Level 2 expanded function procedures to a dental assistant or dental hygienist who has completed training in all of the Level 1 and Level 2 expanded functions procedures. Level 2 procedures include:

1. Placement and shaping of amalgam following preparation of a tooth by a dentist;  
2. Placement and shaping of composite aesthetic restorative material following preparation of a tooth by a dentist;  
3. Polishing of aesthetic restorative material using a slow-speed handpiece following the final occlusal adjustment by a dentist;  
4. Forming and placement fitting and cementation of stainless steel crowns on primary posterior teeth;  
5. Taking records final impressions for occlusal registrations for the fabrication of dentures and partial dentures; and  
6. Tissue conditioning (soft reline only);  
7. Extraoral adjustment to acrylic dentures without making any adjustments to the prosthetic teeth;  
8. Placement of intracoronal temporary fillings; and  
9. Recementation of temporary crown. The recementation of a temporary crown shall be allowed under general supervision.

23.6(2) These Level 2 expanded functions procedures refer to both primary and permanent teeth except as otherwise noted.

23.7(153) Expanded Functions Training.

23.7(1) Level 1 Expanded functions training. Expanded function 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. Completion of a training program that meets the following minimum standards for each function: A didactic component:  
   a. Taking occlusal registrations for the fabrication of fixed crown and bridge restorations: 1 hour of didactic training, and 1 hour of lab/clinical training;  
   b. Placement and removal of gingival retraction: 2 hours of didactic training and 2 hours of lab/clinical training;
c. Fabrication and removal of provisional restorations: 4 hours of didactic training and 10 hours of lab/clinical training;
d. Applying cavity liners and bases, desensitizing agents, and bonding systems: 2 hours of didactic training and 2 hours of lab/clinical training;
e. Monitoring of nitrous oxide inhalation analgesia: 6 hours of didactic training and 2 hours of lab/clinical training;
f. Taking final impressions for the fabrication of fixed crown and bridge restorations: 2 hours of didactic training and 3 hours of lab/clinical training;
g. Removal of adhesives and restorative materials (non-motorized hand instrumentation only): 1 hour of didactic training and 1 hour lab/clinical training.

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 with a minimum of XX questions must be administered. Participants must obtain a score of 75% or higher to pass the course.

23.7(2) Level 2 Expanded functions training. Expanded function 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.

23.8(153) Expanded Functions Certification.

23.8(1) No registered dental assistant or licensed dental hygienist shall perform expanded functions unless the practitioner possesses a current certification issued by the board.

23.8(2) Applications for expanded functions certification must be filed on official board forms and include the following:

a. The fee as specified in 650 - Chapter 15;
b. Evidence of eligibility to have trained in expanded functions; and
c. Evidence of having successfully completed expanded functions pursuant to the requirements of this chapter.

23.8(2) Expanded functions certifications must be prominently displayed with the registration or license in each dental facility where expanded functions services are provided.
650—10.3(153) Authorized practice of a dental hygienist.

10.3(1) “Practice of dental hygiene” as defined in Iowa Code section 153.15 as amended by 2017 Iowa Acts, Senate File 479, means the performance of the following educational, therapeutic, preventive and diagnostic dental hygiene services. Such services, except educational services, shall be delegated by and performed under the supervision of a dentist licensed pursuant to Iowa Code chapter 153.

   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; (7) removal of adhesives.

   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; preliminary charting of existing dental restorations and teeth; making occlusal registrations for mounting study casts; testing pulp vitality; taking impressions using alginate materials; testing glucose levels; 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.

10.3(2) All authorized services provided by a dental hygienist, except educational services, shall be performed under the general, direct, or public health supervision of a dentist currently licensed in the state of Iowa in accordance with 650—1.1(153) and 650—10.5(153).

10.3(3) Under the general or public health supervision of a dentist, a dental hygienist may provide educational services, assessment, screening, or data collection for the preparation of preliminary written records for evaluation by a licensed dentist. A dentist is not required to examine a patient prior to the provision of these dental hygiene services.

10.3(4) The administration of local anesthesia or nitrous oxide inhalation analgesia shall only be provided under the direct supervision of a dentist.

10.3(5) All other authorized services provided by a dental hygienist to a new patient shall be provided under the direct or public health supervision of a dentist. An examination by the dentist must take place during an initial visit by a new patient, except when hygiene services are provided under public health supervision.

10.3(6) Subsequent examination and monitoring of the patient, including definitive diagnosis and treatment planning, is the responsibility of the dentist and shall be carried out in a reasonable period of time in accordance with the professional judgment of the dentist based upon the individual needs of the patient.
10.3(7) General supervision shall not preclude the use of direct supervision when in the professional judgment of the dentist such supervision is necessary to meet the individual needs of the patient.

10.3(8) Expanded functions procedures requirements. A dentist may delegate expanded functions procedures to a dental hygienist in accordance with 650--Chapter 23.

10.3(9) Phlebotomy. A dentist may delegate phlebotomy within dentistry to a licensed dental hygienist in accordance with rule 650--XX.XX.

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 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.

10.3(9) Expanded function practitioners.

a. Basic expanded function practitioner. Dental hygienists who do not wish to become certified as a Level 1 or Level 2 practitioner 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 practitioner. A dental hygienist must successfully complete training for all Level 1 expanded function procedures before becoming a certified Level 1 practitioner.

(1) A dentist may delegate any of the Level 1 expanded function procedures to a dental hygienist who is a certified Level 1 practitioner.

(2) Level 1 procedures include:

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; and
5. Taking final impressions.

c. Certified Level 2 practitioner. A dental hygienist must become a certified Level 1 practitioner and successfully pass a board-approved entrance examination with a score of at least 75 percent before beginning
training to become a certified Level 2 practitioner. A dental hygienist must successfully complete training for all Level 2 expanded function procedures before becoming a certified Level 2 practitioner.

(1) 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 practitioner.

(2) Level 2 procedures include:
   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; and
   5. Tissue conditioning (soft reline only).

These procedures refer to both primary and permanent teeth.

This rule is intended to implement Iowa Code section 153.15.

[ARC 2141C, IAB 9/16/15, effective 10/21/15; ARC 3487C, IAB 12/6/17, effective 1/10/18]
g. Polishing of aesthetic restorative materials, unless the assistant is a Certified Level 2 expanded functions provider pursuant to 650–Chapter 23.

Those procedures that require the professional judgment and skill of a dentist.

20.4(3) 20.4(4) A dental assistant may perform duties consistent with these rules under the supervision of a licensed dentist. The specific duties dental assistants may perform are based upon:
a. The education of the dental assistant.
b. The experience of the dental assistant.

[ARC 2028C, IAB 6/10/15, effective 7/15/15; ARC 3489C, IAB 12/6/17, effective 1/10/18]

650—20.5(153) Expanded function requirements.

20.5(1) Supervision requirements. Registered dental assistants may only perform expanded function procedures which are delegated by and performed under the direct supervision of a dentist licensed pursuant to Iowa Code chapter 153. Dental assistant trainees are not eligible to perform expanded function procedures.

20.5(2) Expanded function training required. A registered dental assistant shall not perform any expanded function procedures listed in this chapter unless the assistant has successfully met the education and training requirements and is in compliance with the requirements of this chapter.

20.5(3) Education and training requirements. All expanded function training must be prior-approved by the board. The supervising dentist and the registered dental assistant shall be responsible for maintaining in each office of practice documentation of successful completion of the board-approved training.

a. Expanded function 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. At a minimum, all participants must meet at least one of the following requirements before beginning expanded function training:
   1. Be a graduate of an ADA-accredited dental assistant program; or
   2. Be currently certified by the Dental Assisting National Board (DANB); or
   3. Have at least one year of clinical practice as a registered dental assistant; or
   4. Have at least one year of clinical practice as a dental assistant in a state that does not require registration;

2. A didactic component;

3. A laboratory component, if necessary;

4. A clinical component, which may be obtained under the personal supervision of the participant’s supervising dentist while the participant is concurrently enrolled in the training program; and

5. A postcourse competency assessment at the conclusion of the training program.

b. Expanded function training for Level 2 procedures shall be eligible for board approval if the training is offered through the University of Iowa College of Dentistry or a program accredited by the Commission on Dental Accreditation of the American Dental Association.

20.5(4) Expanded function practitioners.

a. Basic expanded function practitioner. Registered dental assistants who do not wish to become certified as a Level 1 or Level 2 practitioner may perform select Level 1 expanded function procedures provided they have met the education and training requirements for those procedures. A dentist may delegate to a registered dental assistant only those Level 1 procedures for which the assistant has received the required expanded function training.

b. Certified Level 1 practitioner. Registered dental assistants must successfully complete training for all Level 1 expanded function procedures before becoming a certified Level 1 practitioner.
(1) A dentist may delegate any of the Level 1 expanded function procedures to dental assistants who are certified Level 1 practitioners.

(2) Level 1 procedures include:
   1. Taking occlusal registrations;
   2. Placement and removal of gingival retraction;
   3. Fabrication and removal of provisional restorations;
   4. Applying cavity liners and bases, desensitizing agents, and bonding systems;
   5. Placement and removal of dry socket medication;
   6. Placement of periodontal dressings;
   7. Testing pulp vitality;
   8. Monitoring of nitrous oxide inhalation analgesia;
   9. Taking final impressions;
   10. Removal of adhesives (hand instrumentation only); and
   11. Preliminary charting of existing dental restorations and teeth.

e. Certified Level 2 practitioner. A registered dental assistant must become a certified Level 1 practitioner and successfully pass a board-approved entrance examination with a score of at least 75 percent before beginning training as a certified Level 2 practitioner. Registered dental assistants must successfully complete training for all Level 2 expanded function procedures before becoming certified Level 2 practitioners.

(1) A dentist may delegate any of the Level 1 or Level 2 expanded function procedures to a registered dental assistant who is a certified Level 2 practitioner.

(2) Level 2 procedures include:
   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; and
   5. Tissue conditioning (soft reline only).

These procedures refer to both primary and permanent teeth.

(3) Notwithstanding 650—paragraph 10.3(1)“e” and paragraph 20.4(2)“e,” for the purposes of this chapter, the removal of adhesives by hand instrumentation does not constitute the removal of “hard natural or synthetic material.”

[ARC 2028, IAB 6/10/15, effective 7/15/15; ARC 2028, IAB 6/10/15, effective 7/15/15; ARC 3489, IAB 12/6/17, effective 1/10/18]
CHAPTER 1002
DENTAL ASSISTANTS — REGISTRATION AND SCOPE OF AUTHORITY
H.F. 686

AN ACT providing registration requirements and establishing a scope of authority for dental assistants, and providing an effective date.

Be It Enacted by the General Assembly of the State of Iowa:

Section 1. Section 147.13, subsection 8, Code 1999, is amended to read as follows:
8. For dentistry, and dental hygiene, and dental assisting, dental examiners.

Sec. 2. Section 147.80, Code 1999, is amended by adding the following new subsection:
NEW SUBSECTION. 27A. Registration to practice as a dental assistant, registration to practice as a dental assistant under a reciprocal agreement, or renewal of registration to practice as a dental assistant.

Sec. 3. Section 153.14, subsection 1, Code 1999, is amended to read as follows:
1. Students of dentistry who practice dentistry upon patients at clinics in connection with their regular course of instruction at the state dental college and students of dental hygiene who practice upon patients at clinics in connection with their regular course of instruction at state-approved schools, and students of dental assisting who practice upon patients at clinics in connection with a regular course of instruction determined by the board of dentistry pursuant to section 153.39.

Sec. 4. Section 153.14, Code 1999, is amended by adding the following new subsection:
NEW SUBSECTION. 5. Persons registered to practice as a dental assistant.

Sec. 5. NEW SECTION. 153.38 DENTAL ASSISTANTS — SCOPE OF TERM.
A registered dental assistant may perform those services of assistance to a licensed dentist as determined by the board of dentistry by rule. Such services shall be performed under supervision of a licensed dentist in a dental office, a public or private school, public health agencies, hospitals, and the armed forces, but shall not be construed to authorize a dental assistant to practice dentistry or dental hygiene. Every licensed dentist who utilizes the services of a registered dental assistant for the purpose of assistance in the practice of dentistry shall be responsible for acts delegated to the registered dental assistant. A dentist shall delegate to a registered dental assistant only those acts which are authorized to be delegated to registered dental assistants by the board of dentistry.

Sec. 6. NEW SECTION. 153.39 DENTAL ASSISTANTS — REGISTRATION REQUIREMENTS, RENEWAL, REVOCATION, OR SUSPENSION.
1. A person shall not practice on or after July 1, 2001 as a dental assistant unless the person has registered with the board and received a certificate of registration pursuant to this chapter.
2. A person shall be registered upon the successful completion of education and examination requirements. Education requirements shall be determined by the board by rule, and may be satisfied either through a formal series of classes or through job equivalency training, according to standards to be determined by the board. The education requirements may include possession of a valid certificate in a nationally recognized course in cardiopulmonary resuscitation. Successful passage of an examination administered by the board, which shall include sections regarding infection control, hazardous materials, and jurisprudence, shall also be required. The board shall establish continuing education requirements as a condition of renewing registration as a registered dental assistant, as well as standards for the suspension or revocation of registration.
3. Individuals employed as a dental assistant as of July 1, 2001, shall be registered with the board and receive a certificate of registration, and individuals employed as a dental assistant after July 1, 2001, shall have a sixty-day period following their first date of employment after July 1, 2001, to comply with the provisions of subsection 1.

Sec. 7. LEGISLATIVE INTENT. It is the intent of the general assembly that the board of dental examiners adopt rules authorized pursuant to sections 5 and 6 of this Act, to be adopted on or before January 1, 2001. The board shall consider, in adopting rules, recommendations of the scope of practice review committee relating to practice as a dental assistant. The board shall not, however, adopt rules that delegate to a dental assistant any of the following services:
1. Administration of local anesthesia.
2. Placement of sealants.
3. Removal of any plaque, stain, calculus, or hard natural or synthetic material except by toothbrush, floss, or rubber cup coronal polish.

Sec. 8. EFFECTIVE DATE. Section 7 of this Act, being deemed of immediate importance, takes effect upon enactment for the purpose of developing rules for adoption on or before January 1, 2001.

Approved February 23, 2000

CHAPTER 1003
LICENSE, OWNERSHIP, OPERATION, OR CONTROL OF MOTOR VEHICLE DEALERS — MANUFACTURERS, DISTRIBUTORS, WHOLESALERS, AND IMPORTERS
H.F. 2106

AN ACT prohibiting motor vehicle manufacturers, distributors, wholesalers, and importers from being licensed as, owning an interest in, operating, or controlling a motor vehicle dealer, providing exceptions, and making a penalty applicable.

Be It Enacted by the General Assembly of the State of Iowa:

Section 1. Section 322.3, Code Supplement 1999, is amended by adding the following new subsection:

NEW SUBSECTION. 14. A manufacturer, distributor, wholesaler, or importer shall not directly or indirectly be licensed as, own an interest in, operate, or control a motor vehicle dealer. This subsection shall not prohibit any of the following:

a. A manufacturer or importer from being licensed as a motor vehicle dealer or owning an interest in, operating, or controlling a motor vehicle dealership for a period not to exceed one year to facilitate transfer of the motor vehicle dealership to a new owner if both of the following apply:

(1) The prior owner transferred the motor vehicle dealership to the manufacturer or importer.
(2) The motor vehicle dealership is continuously offered for sale by the manufacturer or importer upon reasonable terms and conditions.

b. A manufacturer or importer from temporarily owning an interest in a motor vehicle dealership for the purpose of enhancing opportunities for persons who lack the financial resources to purchase the motor vehicle dealership without such assistance. A manufacturer or importer may temporarily own an interest in a motor vehicle dealership pursuant to
April 6, 2018

Mr. Phil McCollum
Associate Director Operations and Systems Administration
Iowa Dental Board
400 SW 8th St.
Suite D
Des Moines, IA 50309

Dear Mr. McCollum,

Pursuant to our recent phone conversation, I’m sending you this letter. As you know, for the past year I have been promoted to be the Health Services Administrator for the Iowa Department of Corrections. I oversee all the medical, mental health, optometry and dental services to the 8,400 offenders incarcerated in the state of Iowa.

At times we are having difficulties finding medical and dental providers to serve our patients. In turn, the idea of the Department of Corrections becoming a public health entity for dental hygienists has been proposed. Not always having a dentist on staff for general supervision would make the public dental hygienist position advantageous as we are losing dentists at three of our nine prisons within the next couple of months.

In turn, we are hoping that the Dental Board would consider us an appropriate placement for a public health dental hygienist. This would help us to complete screenings and periodontal needs on a timely basis. I appreciate your time and attention to this matter and I would be happy to personally meet with the Dental Board if need be.

Respectfully submitted,

Jerome Greenfield, MD, DFAPA
IDOC Health Services Administrator

/ps
AN ACT
RELATING TO THE REGULATION OF CERTAIN SUBSTANCES, INCLUDING THE
REGULATION OF THE PRACTICE OF PHARMACY, PROVIDING PENALTIES,
AND INCLUDING EFFECTIVE DATE PROVISIONS.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

DIVISION I
REGULATION OF THE PRESCRIPTION MONITORING PROGRAM
Section 1. Section 124.550, subsection 2, Code 2018, is
amended to read as follows:
2. “Prescribing practitioner” means a practitioner who
has prescribed or is contemplating the authorization of
a prescription for the patient about whom information is requested. “Prescribing practitioner” does not include a licensed veterinarian.

Sec. 2. Section 124.550, Code 2018, is amended by adding the following new subsection:

NEW SUBSECTION. 4. “Program” means the information program for drug prescribing and dispensing.

Sec. 3. Section 124.551, subsection 2, Code 2018, is amended to read as follows:

2. a. The program shall collect from pharmacies dispensing information for controlled substances identified pursuant to section 124.554, subsection 1, paragraph “g”, and from first responders as defined in section 147A.1, subsection 7, with the exception of emergency medical care providers as defined in section 147A.1, subsection 4, administration information for opioid antagonists. The department of public health shall provide information for the administration of opioid antagonists to the board as prescribed by rule for emergency medical care providers as defined in section 147A.1, subsection 4. The board shall adopt rules requiring the following information to be provided regarding the administration of opioid antagonists:  

(1) Patient identification.

(2) Identification of the person administering opioid antagonists.

(3) The date of administration.

(4) The quantity of opioid antagonists administered.

b. The information collected shall be used by prescribing practitioners and pharmacists on a need-to-know basis for purposes of improving patient health care by facilitating early identification of patients who may be at risk for addiction, or who may be using, abusing, or diverting drugs for unlawful or otherwise unauthorized purposes at risk to themselves and others, or who may be appropriately using controlled substances lawfully prescribed for them but unknown to the practitioner.

Sec. 4. NEW SECTION. 124.551A Prescribing practitioner program registration.

A prescribing practitioner shall register for the program at
the same time the prescribing practitioner applies to the board to register or renews registration to prescribe controlled substances as required by the board. Once the prescribing practitioner registers for the program, the prescribing practitioner or the prescribing practitioner’s designated agent shall utilize the program database prior to issuing an opioid prescription as prescribed by rules adopted by the prescribing practitioner’s licensing board to assist the prescribing practitioner in determining appropriate treatment options and to improve the quality of patient care. A prescribing practitioner shall not be required to utilize the program database to assist in the treatment of a patient receiving inpatient hospice care or long-term residential facility patient care.

Sec. 5. Section 124.552, Code 2018, is amended to read as follows:

124.552 Information reporting.
1. Each licensed pharmacy that dispenses controlled substances identified pursuant to section 124.554, subsection 1, paragraph “g”, to patients in the state, and each licensed pharmacy located in the state that dispenses such controlled substances identified pursuant to section 124.554, subsection 1, paragraph “g”, to patients inside or outside the state, unless specifically excepted in this section or by rule, and each prescribing practitioner furnishing, dispensing, or supplying controlled substances to the prescribing practitioner’s patient, shall submit the following prescription information to the program:
   a. Pharmacy identification.
   b. Patient identification.
   c. Prescribing practitioner identification.
   d. The date the prescription was issued by the prescribing practitioner.
   e. The date the prescription was dispensed.
   f. An indication of whether the prescription dispensed is new or a refill.
   g. Identification of the drug dispensed.
   h. Quantity of the drug dispensed.
i. The number of days' supply of the drug dispensed.

j. Serial or prescription number assigned by the pharmacy.

k. Type of payment for the prescription.

l. Other information identified by the board and advisory council by rule.

2. Information shall be submitted electronically in a secure format specified by the board unless the board has granted a waiver and approved an alternate secure format.

3. Information shall be timely transmitted as designated by the board and advisory council by rule within one business day of the dispensing of the controlled substance, unless the board grants an extension. The board may grant an extension if either of the following occurs:

a. The pharmacy or prescribing practitioner suffers a mechanical or electronic failure, or cannot meet the deadline established by the board for other reasons beyond the pharmacy’s or practitioner’s control.

b. The board is unable to receive electronic submissions.

4. This section shall not apply to a prescribing practitioner furnishing, dispensing, supplying, or administering drugs to the prescribing practitioner’s patient, or to dispensing by a licensed pharmacy for the purposes of inpatient hospital care, inpatient hospice care, or long-term residential facility patient care.

Sec. 6. Section 124.553, subsection 4, Code 2018, is amended by striking the subsection.

Sec. 7. Section 124.554, subsection 1, paragraphs b, c, d, and g, Code 2018, are amended to read as follows:

b. An electronic format for the submission of information from pharmacies and prescribing practitioners.

c. A waiver to submit information in another format for a pharmacy or prescribing practitioner unable to submit information electronically.

d. An application by a pharmacy or prescribing practitioner for an extension of time for transmitting information to the program.

g. Including all schedule II controlled substances, and those substances in schedules III and IV that the advisory council and board determine can be addictive or fatal if not
taken under the proper care and direction of a prescribing practitioner, and opioid antagonists.

Sec. 8. Section 124.557, Code 2018, is amended to read as follows:

124.557 Drug information program fund.

The drug information program fund is established to be used by the board to fund or assist in funding the program. The board may make deposits into the fund from any source, public or private, including grants or contributions of money or other items of value, which it determines necessary to carry out the purposes of this subchapter. The board may add a surcharge of not more than twenty-five percent to the applicable fee for a registration issued pursuant to section 124.302 and the surcharge shall be deposited into the fund. Moneys received by the board to establish and maintain the program must be used for the expenses of administering this subchapter. Notwithstanding section 8.33, amounts contained in the fund that remain unencumbered or unobligated at the close of the fiscal year shall not revert but shall remain available for expenditure for the purposes designated in future years.

Sec. 9. Section 124.558, subsection 1, Code 2018, is amended to read as follows:

1. Failure to comply with requirements. A pharmacist, pharmacy, prescribing practitioner, or agent of a pharmacist or prescribing practitioner who knowingly fails to comply with the confidentiality requirements of this subchapter or who delegates program information access to another individual except as provided in section 124.553, is subject to disciplinary action by the appropriate professional licensing board. A pharmacist, pharmacy, or prescribing practitioner that knowingly fails to comply with other requirements of this subchapter is subject to disciplinary action by the board. Each licensing board may adopt rules in accordance with chapter 17A to implement the provisions of this section.

DIVISION II

ELECTRONIC PRESCRIPTIONS

Sec. 10. Section 124.308, Code 2018, is amended by striking the section and inserting in lieu thereof the following:

124.308 Prescriptions.
1. Except when dispensed directly by a practitioner to an ultimate user, a prescription drug as defined in section 155A.3 that is a controlled substance shall not be dispensed without a prescription, unless such prescription is authorized by a practitioner and complies with this section, section 155A.27, applicable federal law and regulation, and rules of the board.

2. a. Beginning January 1, 2020, every prescription issued for a controlled substance shall be transmitted electronically as an electronic prescription pursuant to the requirements in subsection 2, paragraph “b”, unless exempt under subsection 2, paragraph “c”.

b. Except for prescriptions identified in paragraph “c”, a prescription that is transmitted pursuant to paragraph “a” shall be transmitted to a pharmacy by a practitioner or the practitioner’s authorized agent in compliance with federal law and regulation for electronic prescriptions of controlled substances. The practitioner’s electronic prescription system and the receiving pharmacy’s dispensing system shall comply with federal law and regulation for electronic prescriptions of controlled substances.

c. Paragraph “b” shall not apply to any of the following:

(1) A prescription for a patient residing in a nursing home, long-term care facility, correctional facility, or jail.
(2) A prescription authorized by a licensed veterinarian.
(3) A prescription dispensed by a department of veterans affairs pharmacy.
(4) A prescription requiring information that makes electronic submission impractical, such as complicated or lengthy directions for use or attachments.
(5) A prescription for a compounded preparation containing two or more components.
(6) A prescription issued in response to a public health emergency in a situation where a non-patient specific prescription would be permitted.
(7) A prescription issued pursuant to an established and valid collaborative practice agreement, standing order, or drug research protocol.
(8) A prescription issued during a temporary technical or electronic failure at the practitioner's or pharmacy's
location, provided that a prescription issued pursuant to this subparagraph shall indicate on the prescription that the practitioner or pharmacy is experiencing a temporary technical or electronic failure.

(9) A prescription issued in an emergency situation pursuant to federal law and regulation rules of the board.

d. A practitioner, as defined in section 124.101, subsection 27, paragraph “a”, who violates paragraph “a” is subject to an administrative penalty of two hundred fifty dollars per violation, up to a maximum of five thousand dollars per calendar year. The assessment of an administrative penalty pursuant to this paragraph by the appropriate licensing board of the practitioner alleged to have violated paragraph “a” shall not be considered a disciplinary action or reported as discipline. A practitioner may appeal the assessment of an administrative penalty pursuant to this paragraph, which shall initiate a contested case proceeding under chapter 17A. A penalty collected pursuant to this paragraph shall be deposited into the drug information program fund established pursuant to section 124.557. The board shall be notified of any administrative penalties assessed by the appropriate professional licensing board and deposited into the drug information program fund under this paragraph.

e. A pharmacist who receives a written, oral, or facsimile prescription shall not be required to verify that the prescription is subject to an exception under paragraph “c” and may dispense a prescription drug pursuant to an otherwise valid written, oral, or facsimile prescription. However, a pharmacist shall exercise professional judgment in identifying and reporting suspected violations of this section to the board or the appropriate professional licensing board of the practitioner.

3. A prescription issued prior to January 1, 2020, or a prescription that is exempt from the electronic prescription requirement in subsection 2, paragraph “c”, may be transmitted by a practitioner or the practitioner’s authorized agent to a pharmacy in any of the following ways:

a. Electronically, if transmitted in accordance with the requirements for electronic prescriptions pursuant to
subsection 2.

b. By facsimile for a schedule III, IV, or V controlled substance, or for a schedule II controlled substance only pursuant to federal law and regulation and rules of the board.

c. Orally for a schedule III, IV, or V controlled substance, or for a schedule II controlled substance only in an emergency situation pursuant to federal regulation and rules of the board.

d. By providing an original signed prescription to a patient or a patient’s authorized representative.

4. If permitted by federal law and in accordance with federal requirements, an electronic or facsimile prescription shall serve as the original signed prescription and the practitioner shall not provide a patient, a patient’s authorized representative, or the dispensing pharmacy with a signed, written prescription. An original signed prescription shall be retained for a minimum of two years from the date of the latest dispensing or refill of the prescription.

5. A prescription for a schedule II controlled substance shall not be filled more than six months after the date of issuance. A prescription for a schedule II controlled substance shall not be refilled.

6. A prescription for a schedule III, IV, or V controlled substance shall not be filled or refilled more than six months after the date on which the prescription was issued or be refilled more than five times.

7. A controlled substance shall not be distributed or dispensed other than for a medical purpose.

8. A practitioner, medical group, or pharmacy that is unable to timely comply with the electronic prescribing requirements in subsection 2, paragraph “b”, may petition the board for an exemption from the requirements based upon economic hardship, technical limitations that the practitioner, medical group, or pharmacy cannot control, or other exceptional circumstances. The board shall adopt rules establishing the form and specific information to be included in a request for an exemption and the specific criteria to be considered by the board in determining whether to approve a request for an exemption. The board may approve an exemption for a period of time determined
by the board not to exceed one year from the date of approval, and may be renewed annually upon request subject to board approval.

Sec. 11. Section 155A.27, Code 2018, is amended by striking
the section and inserting in lieu thereof the following:

155A.27 Requirements for prescription.
1. Except when dispensed directly by a prescriber to an
ultimate user, a prescription drug shall not be dispensed
without a prescription, authorized by a prescriber, and based
on a valid patient-prescriber relationship.
2. a. Beginning January 1, 2020, every prescription issued
for a prescription drug shall be transmitted electronically as
an electronic prescription to a pharmacy by a prescriber or the
prescriber’s authorized agent unless exempt under paragraph
“b”.
   b. Paragraph “a” shall not apply to any of the following:
      (1) A prescription for a patient residing in a nursing home,
          long-term care facility, correctional facility, or jail.
      (2) A prescription authorized by a licensed veterinarian.
      (3) A prescription for a device.
      (4) A prescription dispensed by a department of veterans
          affairs pharmacy.
      (5) A prescription requiring information that makes
          electronic transmission impractical, such as complicated or
          lengthy directions for use or attachments.
      (6) A prescription for a compounded preparation containing
          two or more components.
      (7) A prescription issued in response to a public health
          emergency in a situation where a non-patient specific
          prescription would be permitted.
      (8) A prescription issued for an opioid antagonist pursuant
to section 135.190 or a prescription issued for epinephrine
pursuant to section 135.185.
      (9) A prescription issued during a temporary technical
or electronic failure at the location of the prescriber or
pharmacy, provided that a prescription issued pursuant to
this subparagraph shall indicate on the prescription that the
prescriber or pharmacy is experiencing a temporary technical
or electronic failure.
(10) A prescription issued pursuant to an established and valid collaborative practice agreement, standing order, or drug research protocol.

(11) A prescription issued in an emergency situation pursuant to federal law and regulation and rules of the board.

c. A practitioner, as defined in section 124.101, subsection 27, paragraph “a”, who violates paragraph “a” is subject to an administrative penalty of two hundred fifty dollars per violation, up to a maximum of five thousand dollars per calendar year. The assessment of an administrative penalty pursuant to this paragraph by the appropriate licensing board of the practitioner alleged to have violated paragraph “a” shall not be considered a disciplinary action or reported as discipline. A practitioner may appeal the assessment of an administrative penalty pursuant to this paragraph, which shall initiate a contested case proceeding under chapter 17A. A penalty collected pursuant to this paragraph shall be deposited into the drug information program fund established pursuant to section 124.557. The board shall be notified of any administrative penalties assessed by the appropriate professional licensing board and deposited into the drug information program fund under this paragraph.

d. A pharmacist who receives a written, oral, or facsimile prescription shall not be required to verify that the prescription is subject to an exception under paragraph “b” and may dispense a prescription drug pursuant to an otherwise valid written, oral, or facsimile prescription. However, a pharmacist shall exercise professional judgment in identifying and reporting suspected violations of this section to the board or the appropriate professional licensing board of the prescriber.

3. For prescriptions issued prior to January 1, 2020, or for prescriptions exempt from the electronic prescription requirement in subsection 2, paragraph “b”, a prescriber or the prescriber’s authorized agent may transmit a prescription for a prescription drug to a pharmacy by any of the following means:
   a. Electronically.
   b. By facsimile.
   c. Orally.
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d. By providing an original signed prescription to a patient or a patient’s authorized representative.

4. A prescription shall be issued in compliance with this subsection. Regardless of the means of transmission, a prescriber shall provide verbal verification of a prescription upon request of the pharmacy.

a. If written, electronic, or facsimile, each prescription shall contain all of the following:

(1) The date of issue.
(2) The name and address of the patient for whom, or the owner of the animal for which, the drug is dispensed.
(3) The name, strength, and quantity of the drug prescribed.
(4) The directions for use of the drug, medicine, or device prescribed.
(5) The name, address, and written or electronic signature of the prescriber issuing the prescription.
(6) The federal drug enforcement administration number, if required under chapter 124.

b. If electronic, each prescription shall comply with all of the following:

(1) The prescriber shall ensure that the electronic system used to transmit the electronic prescription has adequate security and safeguards designed to prevent and detect unauthorized access, modification, or manipulation of the prescription.
(2) Notwithstanding paragraph “a”, subparagraph (5), for prescriptions that are not controlled substances, if transmitted by an authorized agent, the electronic prescription shall not require the written or electronic signature of the prescriber issuing the prescription.

c. If facsimile, in addition to the requirements of paragraph “a”, each prescription shall contain all of the following:

(1) The identification number of the facsimile machine which is used to transmit the prescription.
(2) The date and time of transmission of the prescription.
(3) The name, address, telephone number, and facsimile number of the pharmacy to which the prescription is being transmitted.
d. If oral, the prescriber issuing the prescription shall furnish the same information required for a written prescription, except for the written signature and address of the prescriber. Upon receipt of an oral prescription, the recipient shall promptly reduce the oral prescription to a written format by recording the information required in a written prescription.

e. A prescription transmitted by electronic, facsimile, or oral means by a prescriber’s agent shall also include the name and title of the prescriber’s agent completing the transmission.

5. An electronic, facsimile, or oral prescription shall serve as the original signed prescription and the prescriber shall not provide a patient, a patient’s authorized representative, or the dispensing pharmacist with a signed written prescription. Prescription records shall be retained pursuant to rules of the board.

6. This section shall not prohibit a pharmacist, in exercising the pharmacist’s professional judgment, from dispensing, at one time, additional quantities of a prescription drug, with the exception of a prescription drug that is a controlled substance as defined in section 124.101, up to the total number of dosage units authorized by the prescriber on the original prescription and any refills of the prescription, not to exceed a ninety-day supply of the prescription drug as specified on the prescription.

7. A prescriber, medical group, institution, or pharmacy that is unable to timely comply with the electronic prescribing requirements in subsection 2, paragraph “a”, may petition the board for an exemption from the requirements based upon economic hardship, technical limitations that the prescriber, medical group, institution, or pharmacy cannot control, or other exceptional circumstances. The board shall adopt rules establishing the form and specific information to be included in a request for an exemption and the specific criteria to be considered by the board in determining whether to approve a request for an exemption. The board may approve an exemption for a period of time determined by the board, not to exceed one year from the date of approval, and may be annually renewed.
subject to board approval upon request.

Sec. 12. Section 155A.29, subsection 4, Code 2018, is amended to read as follows:

4. An authorization to refill a prescription drug order may shall be transmitted to a pharmacist pharmacy by a prescriber or the prescriber’s authorized agent through word of mouth, note, telephone, facsimile, or other means of communication initiated by or directed by the practitioner. The transmission shall include the information required pursuant to section 155A.27, except that prescription drug orders for controlled substances shall be transmitted pursuant to section 124.308, and, if not transmitted directly by the practitioner, shall identify by also include the name and title of the practitioner’s agent completing the transmission.

DIVISION III
PRESCRIBER ACTIVITY REPORTS

Sec. 13. Section 124.553, subsection 1, Code 2018, is amended by adding the following new paragraph:

NEW PARAGRAPH. h. A prescribing practitioner for the issuance of a required report pursuant to section 124.554, subsection 3.

Sec. 14. Section 124.554, subsection 1, Code 2018, is amended by adding the following new paragraph:

NEW PARAGRAPH. j. The issuance annually of a prescribing practitioner activity report compiled from information from the program pursuant to subsection 3.

Sec. 15. Section 124.554, Code 2018, is amended by adding the following new subsection:

NEW SUBSECTION. 3. a. Beginning February 1, 2019, and annually by February 1 thereafter, the board shall electronically, and at as low a cost as possible, issue each prescribing practitioner who prescribed a controlled substance reported to the program as dispensed in the preceding calendar year in this state a prescribing practitioner activity report which shall include but not be limited to the following:

(1) A summary of the prescribing practitioner’s history of prescribing controlled substances.

(2) A comparison of the prescribing practitioner’s history of prescribing controlled substances with the history of other
prescribing practitioners of the same profession or specialty.
(3) The prescribing practitioner’s history of program use.
(4) General patient risk factors.
(5) Educational updates.
(6) Other pertinent information identified by the board and advisory council by rule.

b. Information provided to a prescribing practitioner in a report required under this subsection is privileged and shall be kept confidential pursuant to section 124.553, subsection 3.

Sec. 16. Section 124.556, Code 2018, is amended to read as follows:

The program for drug prescribing and dispensing shall include education initiatives and outreach to consumers, prescribing practitioners, and pharmacists, and shall also include assistance for identifying substance abuse treatment programs and providers. The program shall also include educational updates and information on general patient risk factors for prescribing practitioners. The board and advisory council shall adopt rules, as provided under section 124.554, to implement this section.

DIVISION IV
SUBSTANCE ABUSE PREVENTION

Sec. 17. Section 124.550, Code 2018, is amended by adding the following new subsection:

NEW SUBSECTION 3. “Proactive notification” means a notification by the board, generated based on factors determined by the board and issued to a specific prescribing practitioner or pharmacist, indicating that a patient may be practitioner shopping or pharmacy shopping or at risk of abusing or misusing a controlled substance.

Sec. 18. Section 124.553, subsection 1, Code 2018, is amended by adding the following new paragraph:

NEW PARAGRAPH g. A prescribing practitioner or pharmacist through the use of a targeted distribution of proactive notifications.

Sec. 19. Section 124.553, subsections 2 and 3, Code 2018, are amended to read as follows:

2. The board shall maintain a record of each person that
requests information from the program and of all proactive notifications distributed to prescribing practitioners and dispensing pharmacists as provided in subsection 1, paragraph “g”. Pursuant to rules adopted by the board and advisory council under section 124.554, the board may use the records to document and report statistical information, and may provide program information for statistical, public research, public policy, or educational purposes, after removing personal identifying information of a patient, prescribing practitioner, dispenser, or other person who is identified in the information.

3. Information contained in the program and any information obtained from it, and information contained in the records of requests for information from the program and information distributed to prescribing practitioners and dispensing pharmacists as provided in subsection 1, paragraph “g”, is privileged and strictly confidential information. Such information is a confidential public record pursuant to section 22.7, and is not subject to discovery, subpoena, or other means of legal compulsion for release except as provided in this subchapter. Information from the program shall not be released, shared with an agency or institution, or made public except as provided in this subchapter.

Sec. 20. Section 124.554, subsection 1, Code 2018, is amended by adding the following new paragraph:

NEW PARAGRAPH. k. The establishment of thresholds or other criteria or measures to be used in identifying an at-risk patient as provided in section 124.553, subsection 1, paragraph “g”, and the targeted distribution of proactive notifications suggesting review of the patient's prescription history.

Sec. 21. NEW SECTION. 147.162 Rules and directives relating to opioids.

1. Any board created under this chapter that licenses a prescribing practitioner shall adopt rules under chapter 17A establishing penalties for prescribing practitioners that prescribe opioids in dosage amounts exceeding what would be prescribed by a reasonably prudent prescribing practitioner engaged in the same practice.

2. For the purposes of this section, “prescribing
"practitioner" means a licensed health care professional with the authority to prescribe prescription drugs including opioids.

Sec. 22. NEW SECTION. 272C.2C Continuing education minimum requirements — medicine and surgery and osteopathic medicine and surgery, nursing, dentistry, podiatry, and physician assistants.

1. The board of medicine, board of dentistry, board of physician assistants, board of podiatry, and board of nursing shall establish rules requiring a person licensed pursuant to section 148.3, 148C.3, 149.3, or 152.6 or chapter 153 who has prescribed opioids to a patient during the previous licensure cycle to receive continuing education credits regarding the United States centers for disease control and prevention guideline for prescribing opioids for chronic pain, including recommendations on limitations on dosages and the length of prescriptions, risk factors for abuse, and nonopioid and nonpharmacologic therapy options, as a condition of license renewal. Each licensing board shall have the authority to determine how often a licensee must receive continuing education credits.

2. The rules established pursuant to this section shall include the option for a licensee to attest as part of the license renewal process that the licensee is not subject to the requirement to receive continuing education credits pursuant to this section, due to the fact that the licensee did not prescribe opioids to a patient during the previous licensure cycle.

Sec. 23. RESCISSION OF ADMINISTRATIVE RULES.

1. 653 Iowa administrative code, rule 11.4, subrule (1), paragraph “d”, is rescinded.

2. As soon as practicable, the Iowa administrative code editor shall remove the language of the Iowa administrative rule referenced in subsection 1 of this section from the Iowa administrative code.

DIVISION V
REGISTRATION

Sec. 24. Section 124.302, subsections 1 and 4, Code 2018, are amended to read as follows:

1. Every person who manufactures, distributes, or dispenses any controlled substance within this state or who proposes
to engage in the manufacture, distribution, or dispensing of any controlled substance within this state, shall obtain and maintain a biennial registration issued by the board in accordance with its rules.

4. A separate registration is required for each principal place of business or professional practice where the applicant manufactures, distributes, dispenses, or conducts research with controlled substances.

Sec. 25. Section 124.304, subsection 1, Code 2018, is amended to read as follows:

1. The board may suspend, revoke, or restrict a registration under section 124.303 to manufacture, distribute, dispense, or conduct research with controlled substances, or otherwise discipline a registrant, upon a finding that any of the following apply to the registrant:

   a. The registrant has furnished false or fraudulent material information in any application filed under this chapter or any other chapter which applies to the registrant or the registrant's practice.

   b. The registrant has had the registrant's federal registration to manufacture, distribute, dispense, or conduct research with controlled substances suspended, revoked, or restricted.

   c. The registrant has been convicted of a public offense under any state or federal law relating to any controlled substance. For the purpose of this section only, a conviction shall include a plea of guilty, a forfeiture of bail or collateral deposited to secure a defendant's appearance in court which forfeiture has not been vacated, or a finding of guilt in a criminal action even though the entry of the judgment or sentence has been withheld and the individual placed on probation.

   d. The registrant has committed such acts as would render the registrant's registration under section 124.303 inconsistent with the public interest as determined under that section.

   e. If the registrant is a licensed health care professional, the registrant has had the registrant's professional license revoked or suspended or has been otherwise disciplined in a
way that restricts the registrant’s authority to handle or prescribe controlled substances.

Sec. 26. Section 124.304, subsections 2, 3, and 4, Code 2018, are amended to read as follows:

2. The board may limit revocation, or suspension, or restriction of a registration or discipline of a registrant to the particular controlled substance with respect to which grounds for revocation, or suspension, restriction, or discipline exist.

3. If the board suspends, or revokes, or restricts a registration, or otherwise disciplines a registrant, all controlled substances owned or possessed by the registrant at the time of the suspension, revocation, restriction, or discipline, or at the time of the effective date of the revocation order, may be placed under seal. No disposition may be made of substances under seal until the time for taking an appeal has elapsed or until all appeals have been concluded unless a court, upon application, orders the sale of perishable substances and the deposit of the proceeds of the sale with the court. Upon a revocation, an order becoming final, all such controlled substances may be forfeited to the state.

4. The board shall promptly notify the bureau and the department of all orders suspending, or revoking, or restricting a registration and all forfeitures of controlled substances, or otherwise disciplining a registrant.

Sec. 27. Section 124.305, Code 2018, is amended to read as follows:

124.305 Order to show cause contested case proceedings.

1. Before denying, or refusing a renewal of registration, or otherwise disciplining a registrant, the board shall serve upon the applicant or registrant an order to show cause why registration should not be denied, revoked, or suspended, or why the renewal should not be refused. The order to show cause shall contain a statement of the basis therefor and shall call upon the applicant or registrant to appear before the board at a time and place not less than thirty days after the date of service of the order, but in the case of a denial or renewal of registration the show cause order shall be
served not later than thirty days before the expiration of the registration a notice in accordance with section 17A.12, subsection 1. The proceedings shall comply with the contested case procedures in accordance with chapter 17A. These The proceedings shall also be conducted without regard to any criminal prosecution or other proceeding. Proceedings to refuse renewal of registration shall not abate the existing registration which shall remain in effect pending the outcome of the administrative hearing.

2. The board, without an order to show cause, may suspend any registration while simultaneously with the institution of proceedings under section 124.304, or where renewal of registration is refused, pursuing emergency adjudicative proceedings in accordance with section 17A.18A, if it finds that there is an imminent danger to the public health or safety which warrants this action. The suspension shall continue in effect until the conclusion of the proceedings, including judicial review thereof, under the provisions of the Iowa administrative procedure Act, chapter 17A, unless sooner withdrawn by the board or dissolved by the order of the district court or an appellate court.

DIVISION VI
CONTROLLED SUBSTANCES — PRECURSOR SUBSTANCES

Sec. 28. Section 124.204, subsection 9, Code 2018, is amended by adding the following new paragraphs:

NEW PARAGRAPH. t. Methyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate, its optical, positional, and geometric isomers, salts, and salts of isomers. Other names: 5F-ADB; 5F-MDMB-PINACA.

NEW PARAGRAPH. u. Methyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3-methylbutanoate, its optical, positional, and geometric isomers, salts, and salts of isomers. Other name: 5F-AMB.

NEW PARAGRAPH. v. N-(adamantan-1-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide, its optical, positional, and geometric isomers, salts, and salts of isomers. Other names: 5F-APINACA, 5F-AKB48.

NEW PARAGRAPH. w. N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide,
its optical, positional, and geometric isomers, salts, and salts of isomers. Other name: ADB-FUBINACA.

NEW PARAGRAPH. x. Methyl 2-(1-(cyclohexylmethyl)-1H-indole-3-carboxamido)-3,3-dimethylbutanoate, its optical, positional, and geometric isomers, salts, and salts of isomers.
Other names: MDMB-CHMICA, MMB-CHMINACA.

NEW PARAGRAPH. y. Methyl 2-(1-(4-fluorobenzyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate, its optical, positional, and geometric isomers, salts, and salts of isomers. Other name: MDMB-FUBINACA.

NEW PARAGRAPH. z. N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide, its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers. Other names: 4-fluoroisobutyryl fentanyl, para-fluoroisobutyryl fentanyl.

NEW PARAGRAPH. aa. N-(2-fluorophenyl)-N-(1-phenethylpiperidin-4-yl) propionamide. Other names: ortho-fluorofentanyl or 2-fluorofentanyl.

NEW PARAGRAPH. ab. N-(1-phenethylpiperidin-4-yl)-N-phenyltetrahydrofuran-2-carboxamide. Other name: tetrahydrofuranyl fentanyl.

NEW PARAGRAPH. ac. 2-methoxy-N-(1-phenethylpiperidin-4-yl)-N-phenylacetamide. Other name: methoxyacetly fentanyl.

NEW PARAGRAPH. ad. N-(1-phenethylpiperidin-4-yl)-N-phenylacrylamide. Other names: acryl fentanyl or acryloylfentanyl.

NEW PARAGRAPH. ae. Methyl 2-(1-(4-fluorobenzyl)-1H-indazole-3-carboxamido)-3-methylbutanoate, its optical, positional, and geometric isomers, salts, and salts of isomers. Other names: FUB-AMB, MMB-FUBINACA, AMB-FUBINACA.

Sec. 29. Section 124.206, subsection 7, Code 2018, is amended by adding the following new paragraph:

NEW PARAGRAPH. c. Dronabinol [(-)-delta-9-trans-tetrahydrocannabinol] in an oral solution in a drug product approved for marketing by the United States food and drug administration.

Sec. 30. Section 124B.2, subsection 1, Code 2018, is amended by adding the following new paragraph:

NEW PARAGRAPH. ab. Alpha-phenylacetoacetonitrile and its
salts, optical isomers, and salts of optical isomers. Other name: APAAN.

Sec. 31. EFFECTIVE DATE. This division of this Act, being deemed of immediate importance, takes effect upon enactment.

DIVISION VII
GOOD SAMARITAN IMMUNITY

Sec. 32. NEW SECTION. 124.418 Persons seeking medical assistance for drug-related overdose.

1. As used in this section, unless the context otherwise requires:
   a. “Drug-related overdose” means a condition of a person for which each of the following is true:
      (1) The person is in need of medical assistance.
      (2) The person displays symptoms including but not limited to extreme physical illness, pinpoint pupils, decreased level of consciousness including coma, or respiratory depression.
      (3) The person’s condition is the result of, or a prudent layperson would reasonably believe such condition to be the result of, the consumption or use of a controlled substance.
   b. “Overdose patient” means a person who is, or would reasonably be perceived to be, suffering a drug-related overdose and who has not previously received immunity under this section.
   c. “Overdose reporter” means a person who seeks medical assistance for an overdose patient and who has not previously received immunity under this section.
   d. “Protected information” means information or evidence collected or derived as a result of any of the following:
      (1) An overdose patient’s good-faith actions to seek medical assistance while experiencing a drug-related overdose.
      (2) An overdose reporter’s good-faith actions to seek medical assistance for an overdose patient experiencing a drug-related overdose if all of the following are true:
         (a) The overdose patient is in need of medical assistance for an immediate health or safety concern.
         (b) The overdose reporter is the first person to seek medical assistance for the overdose patient.
         (c) The overdose reporter provides the overdose reporter’s name and contact information to medical or law enforcement
The overdose reporter remains on the scene until assistance arrives or is provided.

The overdose reporter cooperates with medical and law enforcement personnel.

Medical assistance was not sought during the execution of an arrest warrant, search warrant, or other lawful search.

2. Protected information shall not be considered to support probable cause and shall not be admissible as evidence against an overdose patient or overdose reporter for any of the following offenses:
   a. Delivery of a controlled substance under section 124.401, subsection 1, if such delivery involved the sharing of the controlled substance without profit.
   b. Possession of a controlled substance under section 124.401, subsection 5.
   c. Violation of section 124.407.
   d. Violation of section 124.414.

3. A person's pretrial release, probation, supervised release, or parole shall not be revoked based on protected information.

4. Notwithstanding any other provision of law to the contrary, a court may consider the act of providing first aid or other medical assistance to someone who is experiencing a drug-related overdose as a mitigating factor in a criminal prosecution.

5. Nothing in this section shall do any of the following:
   a. Preclude or prevent an investigation by law enforcement of the drug-related overdose where medical assistance was provided.
   b. Be construed to limit or bar the use or admissibility of any evidence or information obtained in connection with the investigation of the drug-related overdose in the investigation or prosecution of other crimes or violations which do not qualify for immunity under this section and which are committed by any person, including the overdose patient or overdose reporter.
   c. Preclude the investigation or prosecution of any person on the basis of evidence obtained from sources other than the
specific drug-related overdose where medical assistance was provided.

LINDA UPMeyer
Speaker of the House

CHARLES SCHNEIDER
President of the Senate

I hereby certify that this bill originated in the House and is known as House File 2377, Eighty-seventh General Assembly.

CARMINE BOAL
Chief Clerk of the House

Approved ______________, 2018

KIM REYNOLDS
Governor

House File 2377

H-8091

Amend House File 2377 as follows:
#1. Page 1, line 29, before "shall" by inserting<br>prescribing practitioner's designated agent;

#2. Page 1, line 29, after "opoid prescription" by inserting <prior to

#3. Page 2, line 35, by striking <twenty-four>

#4. Page 3, line 1, by striking <hours> and inserting <one

#5. Page 4, line 32, by striking <program>

#6. By striking page 5, line 7, through page 12, line 27, and

inserting:

<Sec. ___. Section 124.308, Code 2018, is amended by

striking the section and inserting in lieu thereof the

following:

124.308 Prescriptions.

1. Except when dispensed directly by a practitioner to an
ultimate user, a prescription drug as defined in section 155A.3
that is a controlled substance shall not be dispensed without
a prescription, unless such prescription is authorized by a
practitioner and complies with this section, section 155A.27,
applicable federal law and regulation, and rules of the board.
2. a. Beginning January 1, 2020, every prescription issued
for a controlled substance shall be transmitted electronically
as an electronic prescription pursuant to the requirements in
subsection 2, paragraph "b", unless exempt under subsection 2,
paragraph "c".
28 b. Except for prescriptions identified in paragraph "c",
a prescription that is transmitted pursuant to paragraph "a"
shall be transmitted to a pharmacy by a practitioner or the
practitioner’s authorized agent in compliance with federal
law and regulation for electronic prescriptions of controlled
substances. The practitioner’s electronic prescription system
and the receiving pharmacy’s dispensing system shall comply
with federal law and regulation for electronic prescriptions of

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controlled substances.
c. Paragraph “b” shall not apply to any of the following:
(1) A prescription for a patient residing in a nursing home, long-term care facility, correctional facility, or jail.
(2) A prescription authorized by a licensed veterinarian.
(3) A prescription dispensed by a department of veterans affairs pharmacy.
(4) A prescription requiring information that makes electronic submission impractical, such as complicated or lengthy directions for use or attachments.
(5) A prescription for a compounded preparation containing two or more components.
(6) A prescription issued in response to a public health emergency in a situation where a non-patient specific prescription would be permitted.
(7) A prescription issued pursuant to an established and valid collaborative practice agreement, standing order, or drug research protocol.
(8) A prescription issued during a temporary technical or electronic failure at the practitioner’s or pharmacy’s location, provided that a prescription issued pursuant to this subparagraph shall indicate on the prescription that the practitioner or pharmacy is experiencing a temporary technical or electronic failure.
(9) A prescription issued in an emergency situation pursuant to federal law and regulation rules of the board.
d. A practitioner, as defined in section 124.101, subsection 27, paragraph “a”, who violates paragraph “a” is subject to an administrative penalty of two hundred fifty dollars per violation, up to a maximum of five thousand dollars per calendar year. The assessment of an administrative penalty pursuant to this paragraph by the appropriate licensing board of the practitioner alleged to have violated paragraph “a” shall not be considered a disciplinary action or reported as discipline. A practitioner may appeal the assessment of

an administrative penalty pursuant to this paragraph, which shall initiate a contested case proceeding under chapter 17A. A penalty collected pursuant to this paragraph shall be deposited into the drug information program fund established pursuant to section 124.557. The board shall be notified of any administrative penalties assessed by the appropriate professional licensing board and deposited into the drug information program fund under this paragraph.

e. A pharmacist who receives a written, oral, or facsimile prescription shall not be required to verify that the prescription is subject to an exception under paragraph “c” and may dispense a prescription drug pursuant to an otherwise valid written, oral, or facsimile prescription. However, a pharmacist shall exercise professional judgment in identifying and reporting suspected violations of this section to the board or the appropriate professional licensing board of the practitioner.

3. A prescription issued prior to January 1, 2020, or a prescription that is exempt from the electronic prescription requirement in subsection 2, paragraph “c”, may be transmitted by a practitioner or the practitioner’s authorized agent to a pharmacy in any of the following ways:

a. Electronically, if transmitted in accordance with the requirements for electronic prescriptions pursuant to subsection 2.

b. By facsimile for a schedule III, IV, or V controlled substance, or for a schedule II controlled substance only pursuant to federal law and regulation and rules of the board.

c. Orally for a schedule III, IV, or V controlled substance, or for a schedule II controlled substance only in an emergency situation pursuant to federal regulation and rules of the board.

d. By providing an original signed prescription to a patient or a patient’s authorized representative.

4. If permitted by federal law and in accordance with
federal requirements, an electronic or facsimile prescription shall serve as the original signed prescription and the practitioner shall not provide a patient, a patient’s authorized representative, or the dispensing pharmacy with a signed, written prescription. An original signed prescription shall be retained for a minimum of two years from the date of the latest dispensing or refill of the prescription.

5. A prescription for a schedule II controlled substance shall not be filled more than six months after the date of issuance. A prescription for a schedule II controlled substance shall not be refilled.

6. A prescription for a schedule III, IV, or V controlled substance shall not be filled or refilled more than six months after the date on which the prescription was issued or be refilled more than five times.

7. A controlled substance shall not be distributed or dispensed other than for a medical purpose.

8. A practitioner, medical group, or pharmacy that is unable to timely comply with the electronic prescribing requirements in subsection 2, paragraph “b”, may petition the board for an exemption from the requirements based upon economic hardship, technical limitations that the practitioner, medical group, or pharmacy cannot control, or other exceptional circumstances. The board shall adopt rules establishing the form and specific information to be included in a request for an exemption and the specific criteria to be considered by the board in determining whether to approve a request for an exemption. The board may approve an exemption for a period of time determined by the board not to exceed one year from the date of approval, and may be renewed annually upon request subject to board approval.

Sec. ___. Section 155A.27, Code 2018, is amended by striking the section and inserting in lieu thereof the following:

155A.27 Requirements for prescription.

1. Except when dispensed directly by a prescriber to an
1 ultimate user, a prescription drug shall not be dispensed
2 without a prescription, authorized by a prescriber, and based
3 on a valid patient-prescriber relationship.
4 2. a. Beginning January 1, 2020, every prescription issued
5 for a prescription drug shall be transmitted electronically as
6 an electronic prescription to a pharmacy by a prescriber or the
7 prescriber’s authorized agent unless exempt under paragraph
8 “b”.
9   b. Paragraph “a” shall not apply to any of the following:
10   (1) A prescription for a patient residing in a nursing home,
11      long-term care facility, correctional facility, or jail.
12   (2) A prescription authorized by a licensed veterinarian.
13   (3) A prescription for a device.
14   (4) A prescription dispensed by a department of veterans
15      affairs pharmacy.
16   (5) A prescription requiring information that makes
17      electronic transmission impractical, such as complicated or
18      lengthy directions for use or attachments.
19   (6) A prescription for a compounded preparation containing
20      two or more components.
21   (7) A prescription issued in response to a public health
22      emergency in a situation where a non-patient specific
23      prescription would be permitted.
24   (8) A prescription issued for an opioid antagonist pursuant
25      to section 135.190 or a prescription issued for epinephrine
26      pursuant to section 135.185.
27   (9) A prescription issued during a temporary technical
28      or electronic failure at the location of the prescriber or
29      pharmacy, provided that a prescription issued pursuant to
30      this subparagraph shall indicate on the prescription that the
31      prescriber or pharmacy is experiencing a temporary technical
32      or electronic failure.
33   (10) A prescription issued pursuant to an established and
34      valid collaborative practice agreement, standing order, or drug
35      research protocol.
(11) A prescription issued in an emergency situation pursuant to federal law and regulation and rules of the board.

c. A practitioner, as defined in section 124.101, subsection 27, paragraph “a”, who violates paragraph “a” is subject to an administrative penalty of two hundred fifty dollars per violation, up to a maximum of five thousand dollars per calendar year. The assessment of an administrative penalty pursuant to this paragraph by the appropriate licensing board of the practitioner alleged to have violated paragraph “a” shall not be considered a disciplinary action or reported as discipline. A practitioner may appeal the assessment of an administrative penalty pursuant to this paragraph, which shall initiate a contested case proceeding under chapter 17A. A penalty collected pursuant to this paragraph shall be deposited into the drug information program fund established pursuant to section 124.557. The board shall be notified of any administrative penalties assessed by the appropriate professional licensing board and deposited into the drug information program fund under this paragraph.

d. A pharmacist who receives a written, oral, or facsimile prescription shall not be required to verify that the prescription is subject to an exception under paragraph “b” and may dispense a prescription drug pursuant to an otherwise valid written, oral, or facsimile prescription. However, a pharmacist shall exercise professional judgment in identifying and reporting suspected violations of this section to the board or the appropriate professional licensing board of the prescriber.

3. For prescriptions issued prior to January 1, 2020, or for prescriptions exempt from the electronic prescription requirement in subsection 2, paragraph “b”, a prescriber or the prescriber’s authorized agent may transmit a prescription for a prescription drug to a pharmacy by any of the following means:

a. Electronically.

b. By facsimile.
c. Orally.

d. By providing an original signed prescription to a patient or a patient’s authorized representative.

4. A prescription shall be issued in compliance with this subsection. Regardless of the means of transmission, a prescriber shall provide verbal verification of a prescription upon request of the pharmacy.

a. If written, electronic, or facsimile, each prescription shall contain all of the following:

(1) The date of issue.

(2) The name and address of the patient for whom, or the owner of the animal for which, the drug is dispensed.

(3) The name, strength, and quantity of the drug prescribed.

(4) The directions for use of the drug, medicine, or device prescribed.

(5) The name, address, and written or electronic signature of the prescriber issuing the prescription.

(6) The federal drug enforcement administration number, if required under chapter 124.

b. If electronic, each prescription shall comply with all of the following:

(1) The prescriber shall ensure that the electronic system used to transmit the electronic prescription has adequate security and safeguards designed to prevent and detect unauthorized access, modification, or manipulation of the prescription.

(2) Notwithstanding paragraph “a”, subparagraph (5), for prescriptions that are not controlled substances, if transmitted by an authorized agent, the electronic prescription shall not require the written or electronic signature of the prescriber issuing the prescription.

c. If facsimile, in addition to the requirements of paragraph “a”, each prescription shall contain all of the following:

(1) The identification number of the facsimile machine

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which is used to transmit the prescription.

(2) The date and time of transmission of the prescription.

(3) The name, address, telephone number, and facsimile number of the pharmacy to which the prescription is being transmitted.

d. If oral, the prescriber issuing the prescription shall furnish the same information required for a written prescription, except for the written signature and address of the prescriber. Upon receipt of an oral prescription, the recipient shall promptly reduce the oral prescription to a written format by recording the information required in a written prescription.

e. A prescription transmitted by electronic, facsimile, or oral means by a prescriber’s agent shall also include the name and title of the prescriber’s agent completing the transmission.

5. An electronic, facsimile, or oral prescription shall serve as the original signed prescription and the prescriber shall not provide a patient, a patient’s authorized representative, or the dispensing pharmacist with a signed written prescription. Prescription records shall be retained pursuant to rules of the board.

6. This section shall not prohibit a pharmacist, in exercising the pharmacist’s professional judgment, from dispensing, at one time, additional quantities of a prescription drug, with the exception of a prescription drug that is a controlled substance as defined in section 124.101, up to the total number of dosage units authorized by the prescriber on the original prescription and any refills of the prescription, not to exceed a ninety-day supply of the prescription drug as specified on the prescription.

7. A prescriber, medical group, institution, or pharmacy that is unable to timely comply with the electronic prescribing requirements in subsection 2, paragraph “a”, may petition the board for an exemption from the requirements based upon...
1 economic hardship, technical limitations that the prescriber, 2 medical group, institution, or pharmacy cannot control, or 3 other exceptional circumstances. The board shall adopt rules 4 establishing the form and specific information to be included 5 in a request for an exemption and the specific criteria to be 6 considered by the board in determining whether to approve a 7 request for an exception. The board may approve an exemption 8 for a period of time determined by the board, not to exceed one 9 year from the date of approval, and may be annually renewed 10 subject to board approval upon request.

Sec. ___. Section 155A.29, subsection 4, Code 2018, is 1 amended to read as follows:

4. An authorization to refill a prescription drug order may 11 shall be transmitted to a pharmacist pharmacy by a prescriber 12 or the prescriber’s authorized agent through word of mouth, 13 note, telephone, facsimile, or other means of communication 14 initiated by or directed by the practitioner. The transmission 15 shall include the information required pursuant to section 16 155A.27, except that prescription drug orders for controlled 17 substances shall be transmitted pursuant to section 124.308, 18 and, if not transmitted directly by the practitioner, 19 shall identify by also include the name and title of the 20 practitioner’s agent completing the transmission. >


8. Page 21, after line 25 by inserting:

(f) Medical assistance was not sought during the execution 24 of an arrest warrant, search warrant, or other lawful search. >

9. Page 22, by striking lines 10 through 12 and inserting:

5. Nothing in this section shall do any of the following:

a. Preclude or prevent an investigation by law enforcement 24 of the drug-related overdose where medical assistance was 25 provided.

b. Be construed to limit or bar the use or admissibility 27 of any evidence or information obtained in connection with the 28 investigation of the drug-related overdose in the investigation

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1 or prosecution of other crimes or violations which do not qualify for immunity under this section and which are committed by any person, including the overdose patient or overdose reporter.

c. Preclude the investigation or prosecution of any person on the basis of evidence obtained from sources other than the specific drug-related overdose where medical assistance was provided.>

10. By renumbering, redesignating, and correcting internal references as necessary.

______________________________
LUNDGREN of Dubuque
House File 2377

H-8104

Amend the amendment, H-8091, to House File 2377 as follows:

#1.

1. Page 1, by inserting before line 2:

<___.

Page 1, by striking lines 9 through 21 and inserting:

<2. a. The program shall collect from pharmacies dispensing
information for controlled substances identified pursuant to
section 124.554, subsection 1, paragraph “g”, and from first
responders as defined in section 147A.1, subsection 7, with
the exception of emergency medical care providers as defined
in section 147A.1, subsection 4, administration information
for opioid antagonists. The department of public health
shall provide information for the administration of opioid
antagonists to the board as prescribed by rule for emergency
medical care providers as defined in section 147A.1, subsection
4. The board shall adopt rules requiring the following
information to be provided regarding the administration of
opioid antagonists:

(1) Patient identification.

(2) Identification of the person administering opioid
antagonists.

(3) The date of administration.

(4) The quantity of opioid antagonists administered.

b. The information collected shall be used by prescribing
practitioners and pharmacists on a need-to-know basis for
purposes of improving patient health care by facilitating early
identification of patients who may be at risk for addiction,
or who may be using, abusing, or diverting drugs for unlawful
or otherwise unauthorized purposes at risk to themselves and
others, or who may be appropriately using controlled substances
lawfully prescribed for them but unknown to the practitioner. >>

#2.

2. Page 1, by striking lines 9 and 10 and inserting:

<___.

By striking page 4, line 29, through page 5, line 4.

#3.

3. Page 9, by inserting before line 25:

<___.

Page 15, line 19, by striking <controlled substances>
and inserting <opioids>

___.

Page 15, line 23, by striking <controlled substances>

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and inserting <opioids>

Page 15, lines 28 and 29, by striking <controlled substances> and inserting <opioids>

4. By renumbering, redesignating, and correcting internal references as necessary.

LUNDGREN of Dubuque
House File 2377

H-8099

Amend House File 2377 as follows:

#1. 1. Page 15, after line 29 by inserting:

   <Sec. ___.  NEW SECTION. 272C.2C Continuing education

   minimum requirements — medicine and surgery and osteopathic

   medicine and surgery, nursing, and dentistry.

   The board of medicine shall establish rules requiring a

   person licensed pursuant to section 148.3 or 152.6, or chapter

   153, to receive continuing education credits regarding the

   United States centers for disease control and prevention

   guideline for prescribing opioids for chronic pain, including

   recommendations on limitations on dosages and the length

   of prescriptions, risk factors for abuse, and nonopioid and

   nonpharmacologic therapy options, as a condition of license

   renewal.>

#2. 2. Title page, line 1, after <to> by inserting <the

   regulation of certain substances, including>

#3. 3. By renumbering as necessary.

______________________________
HEATON of Henry
House File 2377

H-8100

Amend the amendment, H-8099, to House File 2377 as follows:

#1.

1. Page 1, by striking lines 6 through 8 and inserting:

The board of medicine, board of nursing, and board of dentistry shall establish rules requiring a person licensed pursuant to section 148.3 or 152.6, or chapter 153, respectively, to receive continuing education credits regarding

______________________________

HEATON of Henry
Senate Amendment to
House File 2377

Amend House File 2377, as amended, passed, and reprinted by
the House, as follows:

#1. 1. Page 1, before line 3 by inserting:
   <Sec. ___. Section 124.550, subsection 2, Code 2018, is
   amended to read as follows:
   2. “Prescribing practitioner” means a practitioner who
   has prescribed or is contemplating the authorization of
   a prescription for the patient about whom information is
   requested. “Prescribing practitioner” does not include a
   licensed veterinarian.>

#2. 2. Page 1, line 5, by striking <3.> and inserting <4.>

#3. 3. Page 1, line 9, by striking <a.> and inserting <g.>

#4. 4. Page 2, line 3, before <practitioner> by inserting
   <prescribing>

#5. 5. Page 2, line 6, before <practitioner> by inserting
   <prescribing>

#6. 6. Page 2, line 9, by striking <rule> and inserting <rules
   adopted by the prescribing practitioner’s licensing board>

#7. 7. Page 13, line 24, by striking <g.> and inserting <h.>

#8. 8. Page 16, line 4, by striking <j.> and inserting <k.>

#9. 9. Page 16, line 22, by striking <and dentistry> and
   inserting <dentistry, podiatry, and physician assistants>

#10. 10. Page 16, by striking lines 23 through 32 and inserting:
   1. The board of medicine, board of dentistry, board of
   physician assistants, board of podiatry, and board of nursing
   shall establish rules requiring a person licensed pursuant to
   section 148.3, 148C.3, 149.3, or 152.6 or chapter 153 who has
   prescribed opioids to a patient during the previous licensure
   cycle to receive continuing education credits regarding the
   United States centers for disease control and prevention
   guideline for prescribing opioids for chronic pain, including
   recommendations on limitations on dosages and the length of
   prescriptions, risk factors for abuse, and nonopioid and
   nonpharmacologic therapy options, as a condition of license
   renewal. Each licensing board shall have the authority

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1 to determine how often a licensee must receive continuing
2 education credits.
3 2. The rules established pursuant to this section shall
4 include the option for a licensee to attest as part of the
5 license renewal process that the licensee is not subject to the
6 requirement to receive continuing education credits pursuant
7 to this section, due to the fact that the licensee did not
8 prescribe opioids to a patient during the previous licensure
9 cycle.>
10 11. Page 16, before line 33 by inserting:
11 <Sec. ___. RESCISSION OF ADMINISTRATIVE RULES.
12 1. 653 Iowa administrative code, rule 11.4, subrule (1),
13 paragraph “d”, is rescinded.
14 2. As soon as practicable, the Iowa administrative code
15 editor shall remove the language of the Iowa administrative
16 rule referenced in subsection 1 of this section from the Iowa
17 administrative code.>
18 12. By renumbering as necessary.
House File 2377
Amend House File 2377, as amended, passed, and reprinted by the House, as follows:

1. Page 4, by striking lines 6 through 10 and inserting:

> Including all schedule II controlled substances, schedule III, schedule IV, and those substances in schedules III and IV that the advisory council and board determine can be addictive or fatal if not taken under the proper care and direction of a prescribing practitioner. Schedule V controlled substances except when dispensed by a pharmacist without a prescription, and opioid antagonists.

THOMAS A. GREENE

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Amend House File 2377, as amended, passed, and reprinted by
the House, as follows:

1. Page 2, line 3, before <practitioner> by inserting <prescribing>
2. Page 2, line 6, before <practitioner> by inserting <prescribing>
3. Page 2, line 9, by striking <rule> and inserting <rules adopted by the prescribing practitioner's licensing board>
4. Page 16, line 22, after <nursing> by inserting <podiatry>
5. Page 16, line 23, after <nursing> by inserting <board of podiatry>
6. Page 16, line 25, after <148.3> by inserting <, 149.3>

MARK COSTELLO
Amend House File 2377, as amended, passed, and reprinted by the House, as follows:

#1.
1. Page 1, line 5, by striking <3.> and inserting <4.>

#2.
2. Page 1, line 9, by striking <a.> and inserting <g.>

#3.
3. Page 13, line 24, by striking <g.> and inserting <h.>

#4.
4. Page 16, line 4, by striking <j.> and inserting <k.>

____________________________________
THOMAS A. GREENE

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-1- ss/rh 1/1
House File 2377

Amend House File 2377, as amended, passed, and reprinted by
the House, as follows:

#1.

1. Page 1, before line 3 by inserting:

   <Sec. ___. Section 124.550, subsection 2, Code 2018, is
   amended to read as follows:

#2.

2. "Prescribing practitioner" means a practitioner who
   has prescribed or is contemplating the authorization of
   a prescription for the patient about whom information is
   requested. "Prescribing practitioner" does not include a
   licensed veterinarian.

#3.

3. Page 2, line 3, before <practitioner> by inserting
   <prescribing>

#4.

4. Page 2, line 6, before <practitioner> by inserting
   <prescribing>

#5.

5. Page 16, line 22, by striking <and dentistry> and
   inserting <dentistry, podiatry, and physician assistants>

#6.

6. Page 16, by striking lines 23 through 32 and inserting:

   <1. The board of medicine, board of dentistry, board of
      physician assistants, board of podiatry, and board of nursing
      shall establish rules requiring a person licensed pursuant to
      section 148.3, 148C.3, 149.3, or 152.6 or chapter 153 who has
      prescribed opioids to a patient during the previous licensure
      cycle to receive continuing education credits regarding the
      United States centers for disease control and prevention
      guideline for prescribing opioids for chronic pain, including
      recommendations on limitations on dosages and the length of
      prescriptions, risk factors for abuse, and nonopioid and
      nonpharmacologic therapy options, as a condition of license
      renewal. Each licensing board shall have the authority
      to determine how often a licensee must receive continuing
      education credits.

   2. The rules established pursuant to this section shall
      include the option for a licensee to attest as part of the

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license renewal process that the licensee is not subject to the requirement to receive continuing education credits pursuant to this section, due to the fact that the licensee did not prescribe opioids to a patient during the previous licensure cycle.>

#7.

7. Page 16, before line 33 by inserting:
653 Iowa administrative code, rule 11.4, subrule (1), paragraph “d”, is rescinded.

As soon as practicable, the Iowa administrative code editor shall remove the language of the Iowa administrative rule referenced in subsection 1 of this section from the Iowa administrative code.>

#8.

8. By renumbering as necessary.
May 17, 2018

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

RE:  Support for Dental Assistant Trainees taking the Iowa Dental Board Infection Control/Hazardous Materials examination

Dear Iowa Dental Board:

As our company has grown, we are being asked to support dental offices and their team members in a variety of ways. Lately, we have been seeing an increase in the number of requests to provide educational and training support to dental assistant trainees. One of the ways we have responded is to develop an extensive curriculum for radiology and jurisprudence. We have previously been approved by the Iowa Dental Board to provide these home study courses. We have also been providing radiology remediation when contacted.

The last piece of the puzzle is the Infection Control and Hazardous Materials test. We have been providing test prep for this state exam but were interested in being able to do a home study course. We have been told that’s not a possibility under the current rules. Instead, we are asking if the board would approve us to be a remediation resource for those in need of this support for the Iowa Dental Board exams. Attached are the topics that will be covered and the resources used to develop the program.

We appreciate the opportunity to provide services to the dental assistant trainees. We are finding that our personal approach to education is providing these team members with the chance to ask questions and better learn the information. We love to see the “aha” moments when information they have read or heard about up to that point, becomes an concept they truly understand.

Thank you for considering our request. If you need additional information, please feel free to ask.

Sincerely,

Lisa Swett, RDH, BS, MS
Impact Dental Training, LLC
## Dental Hygiene Committee (DHC)

<table>
<thead>
<tr>
<th>Name</th>
<th>Date Appointed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary Kelly, R.D.H., Chair</td>
<td>2011</td>
</tr>
<tr>
<td>Nancy Slach, R.D.H.</td>
<td>2012</td>
</tr>
<tr>
<td>Monica Foley, D.D.S.</td>
<td>2017</td>
</tr>
</tbody>
</table>

*mandated by statute

## Anesthesia Credentials Committee (ACC)

<table>
<thead>
<tr>
<th>Name</th>
<th>Date Appointed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair: Michael Davidson, D.D.S.</td>
<td>2017</td>
</tr>
<tr>
<td>John Frank, D.D.S.</td>
<td>2013</td>
</tr>
<tr>
<td>Jonathan Delong, D.D.S.</td>
<td>2015</td>
</tr>
<tr>
<td>Steven Clark, D.D.S.</td>
<td>prior to 2012</td>
</tr>
<tr>
<td>Kurt Westlund, D.D.S.</td>
<td>prior to 2004</td>
</tr>
<tr>
<td>Douglas Horton, D.D.S.</td>
<td>prior to 2004</td>
</tr>
<tr>
<td>Gary Roth, D.D.S.</td>
<td>prior to 2004</td>
</tr>
<tr>
<td>Kaaren Vargas, D.D.S., Alternate</td>
<td>2012</td>
</tr>
</tbody>
</table>

*mandated by rule

## Executive Committee (EC)

<table>
<thead>
<tr>
<th>Name</th>
<th>Date Appointed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair: Steven Bradley, D.D.S.</td>
<td>2012</td>
</tr>
<tr>
<td>Vice Chair: Tom Jeneary, D.D.S.</td>
<td>2017</td>
</tr>
<tr>
<td>Secretary: William McBride, D.D.S</td>
<td>2017</td>
</tr>
</tbody>
</table>

*mandated by rule

## Licensure/Registration Committee (L&RC)

<table>
<thead>
<tr>
<th>Name</th>
<th>Date Appointed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair: Tom Jeneary, D.D.S.</td>
<td>2013</td>
</tr>
<tr>
<td>Monica Foley, D.D.S.</td>
<td>2017</td>
</tr>
</tbody>
</table>

*mandated by rule

## Continuing Education Advisory Committee (CEAC)

<table>
<thead>
<tr>
<th>Name</th>
<th>Date Appointed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lori Elmitt, Chair</td>
<td>2012</td>
</tr>
<tr>
<td>Marijo Beasler, R.D.H.</td>
<td>2009</td>
</tr>
<tr>
<td>Monica Foley, D.D.S.</td>
<td>2017</td>
</tr>
<tr>
<td>Sarah Stream, R.D.A.</td>
<td>2015</td>
</tr>
<tr>
<td>Kristen Malmberg, R.D.A.</td>
<td>prior to 2006</td>
</tr>
<tr>
<td>Sara Schlievert, R.D.H.</td>
<td>2015</td>
</tr>
</tbody>
</table>

*mandated by rule

## Iowa Practitioner Review Committee (IPRC)

<table>
<thead>
<tr>
<th>Name</th>
<th>Date Appointed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Richard Rips, D.D.S., Chair</td>
<td>2011</td>
</tr>
<tr>
<td>Gordon Anderson, II, IADC, Vice Chair</td>
<td>2010</td>
</tr>
<tr>
<td>Jill Stuecker, IDB Executive Director</td>
<td>2014</td>
</tr>
<tr>
<td>James Gallagher, M.D., FAPA</td>
<td>2015</td>
</tr>
<tr>
<td>Fred Marsh, M.D.</td>
<td>2016</td>
</tr>
</tbody>
</table>

*mandated by rule

## CRDTS Committees

<table>
<thead>
<tr>
<th>Name</th>
<th>Date Appointed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair: Steven Bradley, D.D.S., Steering Committee</td>
<td>2016</td>
</tr>
<tr>
<td>William McBride, D.D.S., Exam Review Committee</td>
<td>2017</td>
</tr>
<tr>
<td>Nancy Slach, R.D.H., Exam Review Committee</td>
<td>2017</td>
</tr>
</tbody>
</table>

*Committee of the CRDTS Organization
**Dental Hygiene Committee Purpose Statement**

The Dental Hygiene Committee is established in Iowa Code Section 153.33. The committee shall have the authority to adopt recommendations regarding the practice, discipline, education, examination, and licensure of dental hygienists and shall carry out duties as assigned by the board. The committee shall have no regulatory or disciplinary authority with regard to dentists, dental assistants, dental lab technicians, or any other auxiliary dental personnel (subsection 2).

The board shall ratify recommendations of the committee at the first meeting of the board following adoption of the recommendations by the committee, or at a meeting of the board specifically called for the purpose of board review and ratification of committee recommendations. The board shall decline to ratify committee recommendations only if the board makes a specific finding that a recommendation exceeds the jurisdiction or expands the scope of the committee beyond the authority granted in subsection 2, creates an undue financial impact on the board, or is not supported by the record (subsection 3).

<table>
<thead>
<tr>
<th>Current Members</th>
<th>Date Appointed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary Kelly, R.D.H., Chair</td>
<td>2011</td>
</tr>
<tr>
<td>Nancy Slach, R.D.H.</td>
<td>2012</td>
</tr>
<tr>
<td>Monica Foley, D.D.S.</td>
<td>2017</td>
</tr>
</tbody>
</table>

**Additional Information**

**Number of Members:** 3, established in Iowa Code  
**Frequency of Meetings:** Meets in conjunction with the Board, or as needed  
**Number of Vacancies:** None  
**Method of Appointment:** The 2 dental hygiene members of the board are automatically members. The dentist member shall be elected to the committee annually by a majority vote of board members. The dentist member must have supervised and worked in collaboration with a dental hygienist for a period of at least 3 years immediately preceding election to the committee.  
**Term Limits:** None  
**Mode of Meeting:** Typically in person; teleconferences on occasion  
**Staff Coordinator:** Christel Braness  

*mandated by statute*
### Anesthesia Credentials Committee Purpose Statement

The Anesthesia Credentials Committee is established in Iowa Administrative Code 650--Chapter 29. The committee is tasked with reviewing requests related to the issuance and renewal of moderate sedation and general anesthesia permits. The committee makes policy recommendations to the Board as needed.

<table>
<thead>
<tr>
<th>Current Members</th>
<th>Date Appointed</th>
<th>Permit Holder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Davidson, D.D.S. (General Dentist)</td>
<td>2017</td>
<td>Moderate Sedation Permit</td>
</tr>
<tr>
<td>John Frank, D.D.S. (Oral Surgeon - GA Permit)</td>
<td>2013</td>
<td>General Anesthesia Permit</td>
</tr>
<tr>
<td>Steven Clark, D.D.S. (Oral Surgeon - GA Permit)</td>
<td>prior to 2012</td>
<td>General Anesthesia Permit</td>
</tr>
<tr>
<td>Kurt Westlund, D.D.S. (Oral Surgeon - GA Permit)</td>
<td>prior to 2004</td>
<td>General Anesthesia Permit</td>
</tr>
<tr>
<td>Douglas Horton, D.D.S. (General Dentist)</td>
<td>prior to 2004</td>
<td>Moderate Sedation Permit</td>
</tr>
<tr>
<td>Gary Roth, D.D.S. (General Dentist)</td>
<td>prior to 2004</td>
<td>Moderate Sedation Permit</td>
</tr>
<tr>
<td>Kaaren Vargas, D.D.S (Pediatric Dentist - alternate)</td>
<td>July, 2015</td>
<td>None</td>
</tr>
</tbody>
</table>

### Additional Information

**Number of Members:** No fewer than 7. According to IAC 650--29.10 this committee shall be chaired by a member of the board and shall include at least 6 additional members who are licensed dentists. At least 4 committee members shall hold deep sedation/general anesthesia or moderate sedation permits.

**Frequency of Meetings:** Once per quarter, or more frequently as needed

**Number of vacancies:** 0

**Method of Appointment:** All members are appointed by the full board. The board chairperson shall select the committee chair.

**Term Limits:** None

**Mode of Meeting:** Typically by teleconference; occasionally in-person

**Staff Coordinator:** Christel Braness

*mandated by rule*
**Continuing Education Advisory Committee Purpose Statement**

The Continuing Education Advisory Committee is a committee established in IAC 650--25.1 to review and make recommendations on requests for continuing education courses, or other continuing education-related issues, as requested.

<table>
<thead>
<tr>
<th><strong>Current Members</strong></th>
<th><strong>Date Appointed</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lori Elmitt, Chair (Board Member)</td>
<td>2012</td>
</tr>
<tr>
<td>Marijo Beasler, R.D.H.</td>
<td>2009</td>
</tr>
<tr>
<td>Monica Foley, D.D.S.</td>
<td>2017</td>
</tr>
<tr>
<td>Sara Schlievert, R.D.H.</td>
<td>2015</td>
</tr>
<tr>
<td>Sarah Stream, R.D.A.</td>
<td>2015</td>
</tr>
<tr>
<td>Kristee Malmberg, R.D.A.</td>
<td>prior to 2006</td>
</tr>
</tbody>
</table>

**Additional Information**

**Number of Members:** 7. The committee is established in IAC 650--25.1. Must consist of 1 member of the board, 2 licensed dentists with expertise in the area of professional continuing education, 2 licensed dental hygienists with expertise in the area of professional continuing education, and 2 registered dental assistants with expertise in the area of professional continuing education.

**Frequency of Meetings:** Once every 6-8 weeks, or as needed

**Number of Vacancies:** 0

**Method of Appointment:** All members are appointed by the full board. The board chairperson shall select the committee chair.

**Term Limits:** None

**Mode of Meeting:** Typically by teleconference; occasionally in-person

**Staff Coordinator:** Christel Braness, Angela Davidson

*mandated by rule*
**Iowa Practitioner Review Committee Purpose Statement**

The Iowa Practitioner Review Committee (IPRC) is established in Iowa Administrative Code 650--Chapter 35 to evaluate, assist, and monitor the recovery, rehabilitation, or maintenance of dentists, hygienists, or assistants who self-report impairments. The IPRC is both an advocate for the health of a practitioner and a means to protect the health and safety of the public.

<table>
<thead>
<tr>
<th>Current Members</th>
<th>Date of Initial Appointment</th>
<th>Date Reappointed</th>
<th>Term Expires</th>
</tr>
</thead>
<tbody>
<tr>
<td>Richard Rips, D.D.S., Chair (practitioner member who has remained free of addiction for &gt;2 years)</td>
<td>2011</td>
<td>2017</td>
<td>4/30/2020</td>
</tr>
<tr>
<td>Gordon Anderson, International Alcohol and Drug Counselor, Vice Chair (counselor member with expertise in addiction)</td>
<td>2010</td>
<td>2016</td>
<td>4/30/2019</td>
</tr>
<tr>
<td>Jill Stuecker, Executive Director of the Board</td>
<td>2014</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>James Gallagher, M.D., Fellow of the American Psychiatric Association (psychiatrist member)</td>
<td>2015</td>
<td>2018</td>
<td>4/30/2021</td>
</tr>
<tr>
<td>Fred Marsh, M.D., (public member)</td>
<td>2016</td>
<td></td>
<td>4/30/2019</td>
</tr>
</tbody>
</table>

**Additional Information**

**Number of Members:** Not specified in rule

**Frequency of Meetings:** Once per quarter

**Number of Vacancies:** None

**Method of Appointment:** The chairperson of the board shall appoint the members of the IPRC.

**Term Limits:** All committee members, except the executive director, shall be appointed for 3 year terms which begin on May 1 and terminate on April 30

**Mode of Meeting:** In-person

**Staff coordinator:** Steve Garrison

*mandated by rule
**Licensure/Registration Committee Purpose Statement**

The licensure/registration committee is responsible for reviewing and recommending appropriate action concerning applications for: Permanent licensure as a dentist in cases where former disciplinary action or criminal history has been reported and meets the criteria for review; Resident dental licenses or faculty permits in cases where the applicants are foreign trained; Reinstatement in cases where the practitioner has been out of practice for 5 or more years, to determine if additional examination(s) are required prior to reinstatement; Dental assistant registrations, radiography qualifications, reinstatements who have a criminal history; Dental assistant reinstatements for examination recommendations over five years, not covered in existing rules.

<table>
<thead>
<tr>
<th>Current Members</th>
<th>Date Appointed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tom Jeneary, D.D.S., Chair</td>
<td>2015</td>
</tr>
<tr>
<td>Monica Foley, D.D.S.</td>
<td>2017</td>
</tr>
</tbody>
</table>

**Additional Information**

**Number of Members**: 3. This committee requires appointments of board members due the confidential nature of the material reviewed (4 members could result in a tie, and 5 or more would establish a quorum of the board so it must be 3).

**Frequency of Meetings**: By email or as needed

**Number of Vacancies**: 1

**Method of Appointment**: All members are appointed by the board chairperson. The board chairperson shall select the committee chair.

**Term Limits**: None

**Mode of Meeting**: By email

**Staff Coordinator**: Christel Braness

*mandated by rule
### Election of Officers

Officers are Board members who provide leadership to the full Board.

<table>
<thead>
<tr>
<th>Current Members</th>
<th>Initial Date of Appointment</th>
<th>Duties</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Steven Bradley, D.D.S., Chair</strong></td>
<td>2012</td>
<td>Review/Approve Agendas and Run Board Meetings</td>
</tr>
<tr>
<td>Tom Jeneary, Vice-Chair</td>
<td>2015</td>
<td>Assist in Absence of the Chair</td>
</tr>
<tr>
<td>William McBride, D.D.S., Secretary</td>
<td>2017</td>
<td>Assist in Absence of Chair and Vice Chair</td>
</tr>
</tbody>
</table>

### Additional Information

**Rule Reference:** 1.6. The board shall hold an annual meeting each year in Des Moines to elect officers and conduct other business. Officers of the board shall consist of a chairperson, vice chairperson and secretary.

**Method of Appointment:** All positions are elected by the Board annually.

**Term Limits:** None

*Note: Officers of the Board have historically served as the Executive Committee.*

**mandated by Rule**

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**Executive Committee Purpose Statement**

The Executive Committee is a subset of the board available to the executive director for support and guidance.

**Current Members**

<table>
<thead>
<tr>
<th>Name</th>
<th>Date Appointed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steven Bradley, D.D.S., Chair</td>
<td>2012</td>
</tr>
<tr>
<td>Tom Jeneary, D.D.S., Vice-Chair</td>
<td>2015</td>
</tr>
<tr>
<td>William McBride, D.D.S., Secretary</td>
<td>2017</td>
</tr>
<tr>
<td>Lori Elmitt, Public Member</td>
<td>2017</td>
</tr>
</tbody>
</table>

**Additional Information**

**Number of Members:** At board chairperson's discretion, but must be under quorum. The Board has historically

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

**Frequency of Meetings:** Once per quarter

**Number of vacancies:** 0

**Method of Appointment:** Appointed by board chairperson. Board chairperson serves as committee chair.

**Term Limits:** None

**Mode of Meeting:** In person or by phone as needed

**Staff Coordinator:** Jill Stuecker

*created by Board

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<table>
<thead>
<tr>
<th>CRDTS Steering Committee</th>
<th>Appointed:</th>
<th>CRDTS Examination Review Committees</th>
<th>Date Appointed:</th>
</tr>
</thead>
</table>

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*2 year terms, with a maximum of 3 terms total*