

JURISPRUDENCE UPDATE

Iowa Dental Board



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What do we do? Regulate/license

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- We regulate ~ 8,200 licensees/registrants
 - 2,100 DDS
 - 2,400 RDH
 - 3,700 DA
- Issue/renew licenses, registrations & permits
 - Issued over 1,300 in 2017 vs. 964 in 2013 (+36%)
 - ~ 12,000 active
 - IDB has 8 staff members

What do we do? Enforce

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- Enforce Iowa laws & Board rules pertaining to dentistry, dental hygiene, and dental assisting.
 - Investigate complaints
 - Conduct disciplinary hearings
 - Monitor compliance of Board orders
 - Perform inspections
 - Administer PHP program (IPRC)

Why new con-ed in juris & IC?

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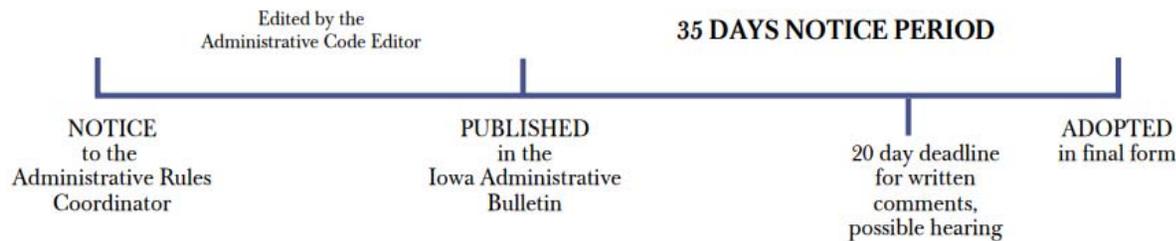
- We review complaint information
- Review investigations
- Track questions/inquires made to the office
 - Phone
 - Email
 - Formal requests
- Use that information to identify common
 - Violations
 - Areas of confusion/concerns
 - Make rule revisions/clarifications
- Noticing some patterns
 - Unaware of rules in general/rule changes
 - Unaware of infection control requirements
 - Confusion about rulemaking process

Iowa Rulemaking Process

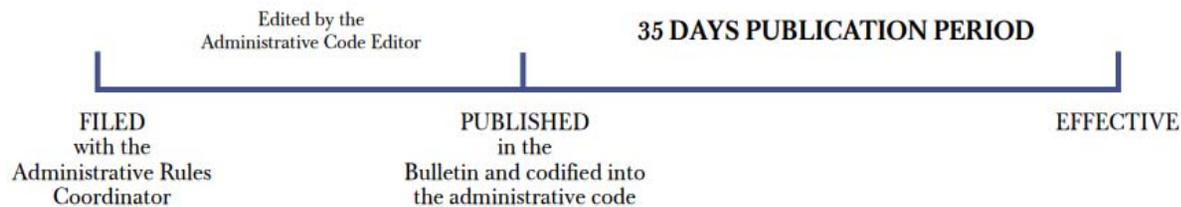
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THE IOWA RULEMAKING PROCESS

NOTICE OF INTENDED ACTION



ADOPTION and PUBLICATION



THE RULE-MAKING PROCESS TAKES AT LEAST
108 DAYS

Iowa Rulemaking Process

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- Provides an opportunity for oversight
 - Vetted with Governor's Office
 - Noticed with the Administrative Rules Coordinator (NOIA)
 - Requires 2 appearances before a legislative committee (ARRC)
- Provides public notice of proposed administrative rules
 - Publication in the Iowa Administrative Bulletin
- Provides a mandatory public comment period
- Comes back to Board for review of public comments & final vote (Adopted & Filed)
- Final rule is published and becomes effective 35 days from publication date

Rulemaking – what we do

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- We notice drafts for discussion before starting the rulemaking process
- Drafts are distributed to the professional associations & other stakeholders
- We review & discuss input we receive from the drafts
- Incorporate in Notice of Intended Action

What rules have changed

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- 2001 Dental assistant registration required
 - Effective Jan 1, 2001
 - General supervision was extra-oral duties only
- 2001 RDH scope changes
 - Allows RDHs to administer nitrous oxide
 - Waives exam requirements for pts receiving fluoride under Public Health protocols
- 2003
 - Public Health Supervision for RDHs (effective 1/2004)
 - 9 Expanded function procedures for DAs only
- 2010
 - Sedation rules - conscious > moderate
 - Defined 'minimal' sedation
 - Set training requirements for permit holders

What rules have changed

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- 2013
 - 7 day trainee registration requirement removed
 - Sedation rules (moderate & deep)
 - Established frequency of facility inspections (every 5 years)
 - Requires facilities to be permanently equipped
 - Requires all general anesthesia/deep sedation permit holders to use capnography beginning January 1, 2014
- 2015
 - Require all moderate sedation permit holders to use capnography OR a pretracheal/precordial stethoscope

What rules have changed

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- 2015
 - Amend general supervision procedures for DAs (curing light & intraoral cam)
 - Allowed RDHs to perform EF procedures
 - Increase EF procedures from 9 to 16
 - Changed retention requirements for study models/casts
 - Allow DAs to work under PH supervision
- 2016
 - Created retired volunteer license for DDS & RDH
- 2017
 - Changed pathway for initial licensure for dentists and hygienist (CRDTS, WREB, SRTA, ADEX)

What rules have changed

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- 2018
 - Added procedures to general supervision of DA (intraoral imaging)
 - Allow RDHs to provide educational services w/o DDS supervision
 - New con-ed requirements:
 - All professions must have at least 1 hour infection control each renewal starting Sept 1, 2018
 - All professions must also have at least 1 hour jurisprudence each renewal starting Sept 1, 2018
 - Reduce max con-ed hours & back fees for lapsed DA's
 - Requires GA permit holders to use capnography & pretracheal/precordial stethoscope
 - Requires MS permit holders to use capnography

Where are we going

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- Allow live webinars for regular con-ed
- Updated list of acceptable topics for con-ed (ergonomics/practice trans)
- Open book exam for jurisprudence
- On-line exams for licensing & registration
- In process (not in place yet) as of 9/7/18
 - Currently reviewing EF procedures
 - Updating discontinuation of practice rules
 - Updating advertising rules
 - Allowing RDHs to use SDF under Public Health supervision (Eff. 10/3/18)
 - Reporting more detailed address information (Eff. 10/3/18)
 - Reduce practice requirements for RDH's working under PH super (Eff. 10/3/18)
 - RDHs ownership prohibition (Eff. 10/3/18)

Opioid Bill

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HF 2377 - Iowa's Opioid Bill

- Requirements Pursuant to the Bill
 - All prescribers with a controlled substance registration are required to be registered with the Prescription Monitoring Program (PMP) through the Iowa Board of Pharmacy, and are required to check the PMP prior to prescribing an opioid.
 - Any dentist who prescribes opioids within the current renewal period are required to take a minimum of 1 hour of continuing education on opioids.
 - Prescribing opioids in dosage amounts exceeding what would be prescribed by a reasonably prudent prescribing practitioner engaged in the same practice, is now grounds for discipline in board rule.
 - Effective January 1, 2020 all prescriptions must be e-prescribed.

Why all the changes ?

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- We respond to requests for changes.
- Research and studies.
- To clarify/address areas of confusion.
- Legislative mandates.

Levels of Supervision

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- **Personal** - DA trainees only;
 - Dentist in room for intraoral functions;
 - Another licensee or registrant in room for extraoral services;
 - A trainee may NOT work independent of another LIC/REG.

Personal supervision for **intraoral procedures** means the dentist is physically present in the treatment room to oversee and direct all intraoral or chairside services of the dental assistant trainee.

Personal supervision for **extraoral procedures** means a licensee or registrant is physically present in the treatment room to oversee and direct all extraoral services of the dental assistant trainee.

- **General** - dentist has delegated, not in facility
- **Direct** - dentist in treatment facility
- **Public Health** – via agreement in public health settings

General supervision of a RDH

What can a DH do if DDS out of office

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- Dentist has examined the patient and has prescribed authorized services to be provided by RDH (pt of record)
- If dentist is not present, you must:
 - Inform patients/guardians that no dentist is present & no exam will be conducted;
 - DH must consent to arrangement;
 - Have basic emergency procedures in place;
 - Treatment to be provided must be prior-prescribed & entered in writing in tx record.
- A DH may perform all authorized hygiene services under general supervision, EXCEPT for:
 - Local anesthesia
 - Nitrous oxide
 - New patients
 - Expanded Functions *

General supervision of a DA

What can a DA do if DDS out of office

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- Dentist has examined the patient and has delegated authorized services, but does not need to be present in the facility.
- Allowed for registered dental assistants only performing the following types of duties:
 - extraoral services
 - dental radiography
 - intraoral suctioning
 - use of a curing light
 - intraoral camera
 - intraoral digital imaging * Effective Jan 10, 2018

What Is a Dental Assistant?

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

What does that mean ?

- Anyone who performs any duty listed in the definition must be registered with the Board as a dental assistant or a dental assistant trainee.
- Even if they are just helping with infection control.

The term “dental assistant” does not include persons otherwise actively licensed in Iowa to practice dental hygiene or nursing who are engaged in the practice of said profession.

DA – DO NOT List

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- A dentist may not delegate to a dental assistant any of the following: 650—20.4
 - Diagnosis, examination, treatment planning, prescribing or authorization for restorative, prosthodontic or orthodontic appliances.
 - Surgical procedures on hard and soft tissues within the oral cavity and any other intraoral procedure that contributes to or results in an irreversible alteration to the oral anatomy.
 - Administration of local anesthesia. **
 - Placement of sealants. **
 - Removal of any plaque, stain, or hard natural or synthetic material except by toothbrush, floss, or rubber cup coronal polish. **
 - Removal of any calculus.
 - Radiography, unless the assistant has radiography qualification from Board.
 - Procedures that require the professional skill and judgment of a dentist.

Expanded Functions

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- Dentists may delegate expanded function procedures to RDAs & RDHs who have completed Board approved training
- For DA to be eligible for EF training:
 - Be a graduate of an ADA-accredited DA program; or
 - Currently certified by DANB; or
 - Have 1 year of clinical dental assisting experience as a RDA, or
 - Have 1 year of clinical dental assisting experience as a dental assistant in a state that does not require registration.
- For a RDH to be eligible for EF training:
 - Be licensed
- DA Trainees are NOT eligible

Expanded Functions - Supervision

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- **20.4(1) DA - EF 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.
- **10.3(8) RDH - EF supervision requirements**
 - A DH 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 EF procedures shall be performed under direct supervision.

- Set forth 3 levels of Expanded function providers:
 - Basic EF provider – select level 1 procedures
 - Certified level 1 provider
 - Must complete training for ALL level 1 procedures
 - Certified level 2 provider
 - Must become certified level 1 provider first
 - Must pass Board-approved entrance exam
 - Must complete training for ALL level 2 procedures
 - Training provided by College of Dentistry

Level 1 procedures

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Level 1 procedures (5-RDH = orange) (11-DA = orange/white)

1. Taking occlusal registrations (RDH only adds -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, 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.

Level 2 procedures

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Level 2 procedures

1. Placement and shaping of amalgam following preparation of a tooth by a dentist;
2. Placement and shaping of composite following preparation of a tooth by a dentist;
3. Forming and placement of stainless steel crowns;
4. Taking records for the fabrication of dentures and partial dentures; and
5. Tissue conditioning (soft reline only)

These procedures refer to both primary and permanent teeth.

- Guidelines for Infection Control in Dental Health-Care Settings (2003)
- CDC Recommendations of all Category IA, IB, and IC *are required in Iowa.*
- Dental Board does perform infection control inspections (CDC & OSHA)
 - Sterilization protocols – don't assume

Infection Control – issues

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- Dental handpieces
- Spore testing
- Single use items
- Cold Sterilization
- Laundry
- Gloves

Licensee responsibilities

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- You are responsible for the office you work in
 - Corp. practice - licensee is still responsible
 - Staff
 - Infection control
 - Billings
- 27.7(8) A dentist shall not bill for services not rendered. A dentist shall not be prohibited from billing for those services which have been rendered, for actual costs incurred in the treatment of the patient, or for charges for missed appointments.
- 27.7(9) A dentist shall not bill or draw on a patient's line of credit prior to services being rendered. A dentist may bill or draw on a patient's line of credit for those services which have been rendered or for actual costs incurred in the treatment of the patient.
- 27.7(10) A dentist shall not be prohibited from permitting patients to prepay for services, in whole or in part, on a voluntary basis.

Recordkeeping

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- If it is not in the record, it did NOT happen
- Document! Document! Document!
- Records need to be permanent, timely, accurate, legible, & easily understandable
- Records must contain the name/initials of the person who performs any treatment or service or who may have contact with a patient regarding the patient's dental health.
- Rules detail what must be included at a minimum
 - Adult records must be retained for a minimum of 6 years
 - For minors, 6 years or age 19, whichever is longer
 - Copies must be provided upon pt request

Fastest way to resolve a complaint is with good records.

You might have a problem if ...

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6 Sept 02 #14 anal prap/5 rows
antibiotic + PT OK

9 Sept 02 #14 Pden, LA

10 Sept 02 following up PT OK

NY... 2+ whos to decide

14 Nov 02 following up with
w/wh

Bridge MAX (D)

You might have a problem if ...

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DATE	TOOTH	SERVICE PLANNED
2000		
1-10-2000	EX 2X	CL
8-24-00	EX 2X	CL
2001		
2-26-01	EX 2X	
8-31-01	EX 2X	CL
3-11-02	EX 3X	CL
9-16-02	EX 2X	CL
4-9-03	EX 3X	CL
11-14-03	EX 2X	CL F#16
7-20-04	EX 2X	CL
12-20-04	EX 2X	CL
7-11-05	EX 2X	CL

Prescribing Responsibilities (dentists)

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- Prescription must be directly related to practice of dentistry
- Prior to initial prescription, must have examined the patient and taken a medical history
- Dental record must contain written evidence of exam & medical history
- Controlled substances require federal DEA & state controlled substance registration (CSA)
- A dentist shall not self-prescribe, self-administer, or self-dispense controlled substances
- A dentist's signature on a prescription cannot be a copy or a stamp. (electronic signatures are okay)

I^oPRC – P^orofessional H^oalth P^orogram

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- Iowa Practitioner Review Committee
- Purpose is to evaluate, assist, & monitor the recovery of dentists, hygienists, & assistants with potential impairments
 - Drug, alcohol, mental or physical impairments
- If you self-report
 - The report is not a public record
- Participant work towards two goals
 - Getting well
 - Remaining in or working towards returning to work
- If someone else reports you
 - Not eligible
 - Board action is very public

PHP Programs

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- **Healthcare providers need specialized treatment**
 - PHPs have members who have experience working with HC providers
- **Specialized evaluations** - Multidisciplinary team approach
- **Individualized plans** - Treatment not one-size-fits-all/Designed for the unique needs of each individual
- **Support groups** - PHPs are specifically for HC providers
 - From people who truly understand what they are going through
- **Aftercare and monitoring**
 - HC providers continue to get outpatient care and are monitored
- **IPRC committee members**

For More Information

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- All Board rules and state laws on Board website
- Iowa Dental Board
400 S.W. 8th St, Suite D
Des Moines, IA 50309
Phone (515) 281-5157;
Fax (515) 281-7969
- Web: www.dentalboard.iowa.gov

The End

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Thank you

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