



STATE OF IOWA

IOWA DENTAL BOARD

KIM REYNOLDS, GOVERNOR
ADAM GREGG, LT. GOVERNOR

JILL STUECKER
EXECUTIVE DIRECTOR

IOWA DENTAL BOARD MEETING AGENDA

January 24, 2020

Updated 1/15/2020

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: Health Professions Board Room, 400 SW 8th St., Suite H, Des Moines, Iowa

Conference Call Line for Board Meeting Open Session: (866) 685-1580 / Conference Code 0009990326

**Please note this line will be muted, and is for listening only*

Board Members: *Will McBride, D.D.S.; Monica Foley, D.D.S.; Michael Davidson, D.D.S.; Lisa Holst, D.D.S.; Gregory Ceraso, D.D.S.; Mary Kelly, R.D.H.; Nancy Slach, R.D.H.; Lori Elmitt, Public Member; Bruce Thorsen, Public Member*

COMMITTEE MEETINGS:

DENTAL HYGIENE COMMITTEE: 8:15 AM

(See separate agenda)

EXECUTIVE COMMITTEE: 9:00 AM

BOARD MEETING:

OPEN SESSION: 10:00 AM

- I. **CALL MEETING TO ORDER – ROLL CALL** *Will McBride*

- II. **IOWA BOARD OF PHARMACY** *Andrew Funk*
 - a. Overview and Discussion on Collaborative Practice Agreements
 - b. Update on E-prescribing and the PMP

- III. **AMERICAN DENTAL ASSOCIATION** *Matt Grady*
 - a. Overview and Discussion on Dental Licensure Objective Structured Clinical Examination (DLOSCE)

IV. OPPORTUNITY FOR PUBLIC COMMENT	<i>Will McBride</i>
V. APPROVAL OF OPEN SESSION MINUTES	<i>Will McBride</i>
<ul style="list-style-type: none"> a. November 15, 2019 b. December 3, 2019, Teleconference 	
VI. REPORTS	
A. EXECUTIVE DIRECTOR REPORT	<i>Jill Stuecker</i>
B. BUDGET REPORT	<i>Jill Stuecker</i>
C. ANESTHESIA CREDENTIALS COMMITTEE REPORT	<i>Christel Braness</i>
<ul style="list-style-type: none"> a. Vote on Actions Taken by the Committee on General Anesthesia & Moderate Sedation Permit Applications b. Other Committee Recommendations, if any c. Discussion and Vote about Committee Composition 	
D. CONTINUING EDUCATION COMMITTEE REPORT	<i>Lori Elmitt</i>
<ul style="list-style-type: none"> a. Vote on Recommendations: Course Applications b. Vote on Recommendations: Sponsor Applications c. Other Committee Recommendations, if any 	
E. REGISTRATION APPLICATIONS FOR CONSIDERATION	<i>Christel Braness</i>
<ul style="list-style-type: none"> a. Vote on Qwontajah Todd, Application for Registration as a Dental Assistant b. Vote on Anna Morgan, Application for Registration as a Dental Assistant 	
F. DENTAL HYGIENE COMMITTEE REPORT	<i>Mary Kelly</i>
<ul style="list-style-type: none"> a. Committee Meeting Overview <ul style="list-style-type: none"> i. Discussion on Draft Revisions to Dental Hygiene Rules b. Recommendations for Board Discussion c. Items for Ratification, if any 	
G. EXAMINATION REPORTS	
<ul style="list-style-type: none"> a. CRDTS - Dental Steering Committee b. CRDTS - Dental Hygiene Examination Review Committee c. CRDTS - Dental Examination Review Committee d. WREB - Dental Committee e. WREB - Dental Hygiene Committee 	<ul style="list-style-type: none"> <i>Monica Foley</i> <i>Nancy Slach</i> <i>Will McBride</i> <i>Michael Davidson</i> <i>Mary Kelly</i>

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.

H. IOWA PRACTITIONER PROGRAM REPORT

Steve Garrison

- a. Quarterly Update

VII. ADMINISTRATIVE RULES

Steve Garrison

- a. Review of 2019-2020 Regulatory Plan
- b. Discussion and Vote on ARC 4741C, Proposed Adoption and Filing: Revisions Regarding Remediation Requirements for Dental Assisting Applicants - Amendments to Chapter 20

VIII. LEGISLATIVE UPDATES

Jill Stuecker

- a. **Update on Legislative Priorities for the Iowa Dental Association**
- b. **Update on Legislative Priorities for the Iowa Dental Hygienists' Association**
- c. Discussion and Vote to Delegate Authority to the Executive Director to Speak on Behalf of the Board at the Iowa Legislature
- d. Discussion and Vote on Collaborative Practice Agreements

IX. OTHER BUSINESS

- a. Vote on Expanded Function Training Course Submissions by CODA-Approved Programs Christel Braness
 - i. Kirkwood Community College: Previously-Approved and New Level 1 Expanded Function Training
 - ii. University of Iowa College of Dentistry: Monitoring of Patients under Nitrous Oxide
- b. Vote on Previously-Approved Expanded Function Courses for New Training Standards
 - i. Beattie Family Dental: Monitoring of Patients Under Nitrous Oxide
 - ii. Carol Moreno, D.D.S.: Level 1 Expanded Functions
- c. **Discussion and Vote: Request from the Iowa Dental Foundation to Award Continuing Education Credit for Volunteering at Free Dental Clinics or Events**

CLOSED SESSION: Motion to go into closed session pursuant to Iowa Code section 21.5(1)(a), to review or discuss records which are required or authorized by state or federal law to be kept confidential; pursuant to Iowa Code section 21.5(1)(d), to discuss whether to initiate licensee disciplinary investigations or proceedings; and pursuant to Iowa Code section 21.5(1)(f), to discuss the decision to be rendered in a contested case conducted according to the provisions of chapter 17A.

I. ITEMS FOR REVIEW AND DISCUSSION

- a. Closed Session Minutes, November 15, 2019 (21.5(1)(a))
- b. Closed Session Minutes, December 3, 2019 Teleconference (21.5(1)(a))
- c. Compliance with Board Orders (21.5(1)(d))
- d. Complaints and Investigative Reports (21.5(1)(d))
- e. Combined Statement of Charges, Settlement Agreement and Final Order (21.5(1)(d) & 21.5(1)(f))

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- f. Notice of Hearing and Statement of Charges (21.5(1)(d))
- g. Malpractice Reports (21.5(1)(d))

OPEN SESSION

II. ACTION, IF ANY, ON CLOSED SESSION AGENDA ITEMS

- a. Closed Session Minutes, November 15, 2019
- b. Closed Session Minutes, December 3, 2019
- c. Compliance with Board Orders
- d. Complaints and Investigative Reports
- e. Combined Statement of Charges, Settlement Agreement and Final Order
- f. Notice of Hearing and Statement of Charges
- g. Malpractice Reports

III. ADJOURN

NEXT REGULARLY-SCHEDULED MEETING: APRIL 3, 2020

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SENATE/HOUSE FILE _____
BY (PROPOSED BOARD OF PHARMACY
BILL)

A BILL FOR

1 An Act relating to the practice of pharmacy, and providing for
2 a repeal.

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

1 to a statewide immunization registry or health information
2 network the administration of an influenza vaccine administered
3 to patients ages eighteen and older.

4 DIVISION VII

5 COLLABORATIVE PHARMACY PRACTICE

6 Sec. 10. Section 124.101, Code 2020, is amended by adding
7 the following new subsections:

8 NEW SUBSECTION. 4A. "*Collaborative pharmacy practice*" means
9 the same as defined in section 155A.3.

10 NEW SUBSECTION. 4B. "*Collaborative pharmacy practice*
11 *agreement*" means the same as defined in section 155A.3.

12 Sec. 11. Section 124.308, subsection 2, paragraph c,
13 subparagraph (7), Code 2020, is amended to read as follows:

14 (7) A prescription issued pursuant to an established and
15 valid collaborative pharmacy practice agreement, standing
16 order, or drug research protocol.

17 Sec. 12. NEW SECTION. **124.308A Collaborative pharmacy**
18 **practice.**

19 Notwithstanding any provision to the contrary, a pharmacist
20 may engage in a collaborative pharmacy practice under a
21 collaborative pharmacy practice agreement to provide patient
22 care and drug therapy management services to a patient.

23 Sec. 13. Section 155A.3, Code 2020, is amended by adding the
24 following new subsections:

25 NEW SUBSECTION. 5A. "*Collaborative pharmacy practice*" means
26 a practice of pharmacy whereby a pharmacist provides patient
27 care and drug therapy management services, not otherwise
28 permitted to be performed by a pharmacist, to patients under a
29 collaborative pharmacy practice agreement.

30 NEW SUBSECTION. 5B. "*Collaborative pharmacy practice*
31 *agreement*" means a written agreement between one or more
32 pharmacists and one or more physicians, advanced registered
33 nurse practitioners, advanced practice registered nurses, or
34 dentists that provides for a collaborative pharmacy practice
35 and defines the nature, scope, conditions, and limitations of

1 the patient care and drug therapy management services to be
2 provided by the pharmacist or pharmacists.

3 Sec. 14. Section 155A.27, subsection 2, paragraph b,
4 subparagraph (10), Code 2020, is amended to read as follows:

5 (10) A prescription issued pursuant to an established and
6 valid collaborative pharmacy practice agreement, standing
7 order, or drug research protocol.

8 Sec. 15. NEW SECTION. **155A.47 Collaborative pharmacy**
9 **practice.**

10 Notwithstanding any provision to the contrary, a pharmacist
11 may engage in a collaborative pharmacy practice under a
12 collaborative pharmacy practice agreement to provide patient
13 care and drug therapy management services to a patient.

14 DIVISION VIII

15 PHARMACY PILOT OR DEMONSTRATION RESEARCH PROJECTS

16 Sec. 16. NEW SECTION. **155A.48 Pilot or demonstration**
17 **research projects.**

18 1. Notwithstanding any provision of section 147.107,
19 subsection 2, or section 155A.33 to the contrary, the board may
20 approve a pilot or demonstration research project of innovative
21 applications in the practice of pharmacy to provide enhanced
22 patient care.

23 2. The board shall adopt rules pursuant to chapter 17A for
24 application for and approval of such projects. The rules may
25 include exceptions to any existing rules under the purview
26 of the board as necessary for completion of the project,
27 limited to the duration of the project. The board may approve
28 a project for no more than eighteen months. The board may
29 extend or renew a project in accordance with board rules. All
30 projects shall comply with the rules adopted for such projects.

31 3. The board shall not approve any project that expands the
32 practice of pharmacy as defined in section 155A.3.

33 Sec. 17. REPEAL. 2011 Iowa Acts, chapter 63, section 36,
34 is repealed.

35

EXPLANATION



STATE OF IOWA

IOWA DENTAL BOARD

KIM REYNOLDS, GOVERNOR
ADAM GREGG, LT. GOVERNOR

JILL STUECKER
EXECUTIVE DIRECTOR

IOWA DENTAL BOARD

MINUTES

November 15, 2019
Conference Room
400 SW 8th St. Suite D
Des Moines, Iowa

Board Members

Gregory Ceraso, D.D.S.,
Michael Davidson, D.D.S.
Monica Foley, D.D.S.
Lisa Holst, D.D.S.
William McBride, D.D.S.
Mary Kelly, R.D.H.
Nancy Slach, R.D.H.
Bruce Thorsen, Public Member
Lori Elmitt, Public Member

November 15, 2019

Absent
Present
Present
Present
Present
Present
Present
Absent
Present

Staff Members

Jill Stuecker, Christel Braness, Steven Garrison, Dee Ann Argo, David Schultz

Attorney General's Office

Laura Steffensmeier, Assistant Attorney General

Other Attendees

Nathan Hehr, D.D.S., Iowa Dental Association
Bob Ronconi, D.D.S., Iowa Dental Association
John Arend, D.D.S., Iowa Dental Association
Adam Freed, Iowa Dental Association
Kara Bylund, Iowa Dental Association
Laurie Traetow, Iowa Dental Association
Nicole Miller, Delta Dental of Iowa
Gretchen Hageman, Delta Dental of Iowa
Marty Gleason, D.D.S., Iowa Dental Association
Cathy Nelson, R.D.A.
Stephen Thies, D.D.S., Iowa Academy of General Dentistry
Zach Kouri, D.D.S., Iowa Dental Association
Tom Cope, Iowa Dental Hygienists' Association

I. CALL TO ORDER FOR NOVEMBER 15, 2019

Dr. McBride called the meeting of the Iowa Dental Board to order at 8:00 a.m., on Friday, November 15, 2019.

Roll Call:

<u>Member</u>	<u>McBride</u>	<u>Foley</u>	<u>Davidson</u>	<u>Ceraso</u>	<u>Holst</u>	<u>Kelly</u>	<u>Slach</u>	<u>Elmitt</u>	<u>Thorsen</u>
Present	x	x	x		x	x	x	x	
Absent				x					x

A quorum was established with seven (7) members present.

II. OPPORTUNITY FOR PUBLIC COMMENT

Dr. McBride asked those in attendance to introduce themselves. Dr. McBride allowed the opportunity for public comment.

Dr. Nathan Hehr, president-elect of the Iowa Dental Association (IDA), thanked the Board and staff who worked on the legislative priorities, which they were in support of for the upcoming year. The IDA looked forward to future opportunities to continue working with the Board and other stakeholders on matters related to access to care.

Ms. Jennifer Pierce, president of the Iowa Dental Hygienists' Association (IDHA), thanked the Board and the IDA for their work and support of the legislative priorities.

III. APPROVAL OF OPEN SESSION MINUTES

- *September 27, 2019 – Quarterly Meeting*
- ❖ MOVED by KELLY, SECONDED by DAVIDSON, to APPROVE the open session minutes of the September 27, 2019 meeting as drafted. Motion APPROVED unanimously.

IV. LEGISLATIVE UPDATES

- *Discussion and Vote on Board Legislation for 2020*

Ms. Stuecker provided an overview of the proposed 2020 legislation. Ms. Stuecker thanked everyone for their work. Ms. Stuecker was grateful to the IDA and the IDHA for their support. Ms. Stuecker reported that the legislative session will begin January 13, 2020.

Dr. McBride was glad to see that everyone was able to come together to work on this even if there were moments of disagreement about how to proceed. Dr. McBride believed that this will benefit Iowans who need to access dental care in Iowa.

Ms. Stuecker asked if there were any questions about the legislation. Those in attendance did not have any questions.

- ❖ MOVED by KELLY, SECONDED by ELMITT, to APPROVE the proposed legislation as drafted for submission to the 2020 legislative session for consideration. Motion APPROVED unanimously.

V. REPORTS

DENTAL HYGIENE COMMITTEE

- *Committee Meeting Overview*
- *Recommendation(s) for Board Discussion*
- *Item for Board Ratification:*
 - *Rule Waiver Request: Tayt Waibel, R.D.H. Iowa Administrative Code 650 – Chapter 11.7(1)(b), Regarding Training in Local Anesthesia*

Ms. Kelly provided a summary of the committee meeting held on Thursday, November 14, 2019.

The Dental Hygiene Committee continued to discuss draft revisions to update the scope of practice rules. The committee directed staff to distribute the draft for review by interested parties.

Ms. Kelly reported that the committee approved a rule waiver for Ms. Waibel regarding the application requirements for local anesthesia training. The committee directed staff to review those rules to determine if rulemaking may be appropriate to address some of these concerns.

- ❖ MOVED by KELLY, SECONDED by DAVIDSON to APPROVE the waiver as recommended. Motion APPROVED unanimously.

ANESTHESIA CREDENTIALS COMMITTEE

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

Ms. Braness provided an overview of the committee's recent meeting and actions.

CONTINUING EDUCATION ADVISORY COMMITTEE

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

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

- ❖ MOVED by KELLY, SECONDED by FOLEY, to APPROVE the committee's recommendations for courses and sponsors. Motion APPROVED unanimously.

Ms. Elmitt provided a brief overview of the committee's recommendations concerning the expanded function training requests.

- ❖ **MOVED** by KELLY, **SECONDED** by FOLEY, to **APPROVE** the expanded functions courses as requested. Motion **APPROVED** unanimously.

EXAMINATION REPORTS

- *CRDTS – Dental Steering Committee*

Dr. Foley reported that the committee will meet in January 2020.

- *CRDTS – Dental Hygiene Examination Review Committee*

Ms. Slach reported that the committee will meet in June 2020.

- *CRDTS – Dental Examination Review Committee*

Dr. McBride reported that the committee will meet in June 2020.

- *WREB – Dental Committee*

Dr. Davidson reported that the committee met the previous weekend. Much of the discussion focused on the examination and states' standards for examination requirements.

Patient-based exams were a topic of discussion at the meeting. Information from the state of California indicated that very few students opt to complete the California portfolio examination. In some instances, dental schools in California charge students higher fees to administer the portfolio examination. The committee believed that there continue to be challenges to a non-patient examination. Dr. Davidson indicated that he would support the exploration of non-patient options; though, he agreed that there are challenges to this. The Board will revisit this discussion at a later date.

Dr. Davidson provided some general data concerning the WREB examination. Approximately, 15,000 individuals attempted the WREB examination. Individual passing rates for each part of the examination is 99.5%. Only ten individuals had not successfully completed the examination after five attempts. Often times after a third attempt, they may transition to attempting a different clinical examination.

WREB was considering changes to the endodontic and prosthodontic sections and moving those sections to the orientation date. WREB may also allow third-year students to attempt the prosthodontic section, which is the non-patient section of the examination.

Dr. McBride asked if there was an explanation for the low support rate for OSCE. Dr. Davidson stated that there appeared to be some bias towards clinical examinations amongst the member states. Additionally, it appeared that some students dislike OSCE because that examination is

unlike the clinical work they perform day-to-day while in school. Patient-based examinations more closely mirror the students' clinical practice and experience.

Ms. Slach asked if there was difficulty with portability of the OSCE examination. Dr. Davidson stated that the idea of a national examination improves portability, which is the case for the OSCE examination in Canada. Dr. Davidson believed that the bigger issue was the regional and competitive nature between the various testing agencies.

The Board members briefly discussed the differences between the OSCE and portfolio-style examinations.

- *WREB – Dental Hygiene Committee*

Ms. Kelly did not provide a report as the committee was meeting the weekend of the Board meeting and she was not in attendance.

IOWA PRACTITIONER PROGRAM REPORT

- *Quarterly Update*

Mr. Garrison provided an update on the committee. There were currently 12 active participants. Two of the participants were dental hygienists and ten were dentists.

VI. ADMINISTRATIVE RULES

- *Discussion and Vote on ARC 4661C, Proposed Adoption and Filing: Revisions Regarding Mandatory Reporter Training, Amendments to Chapter 10 and 25*

Mr. Garrison provided an overview of the rulemaking. The proposed amendments incorporate the legislative changes to mandatory reporter training requirements signed into law in 2019.

- ❖ **MOVED** by KELLY, **SECONDED** by DAVIDSON, to **ADOPT** and **FILE** the rules as drafted. Motion **APPROVED** unanimously.

VII. OTHER BUSINESS

- *Vote on Iowa Practitioner Review Committee Member*

Ms. Stuecker reported that the Board was provided a curriculum vitae for Dr. Randy Swarts, who has been nominated as a new dentist member of the IPRC. The nomination was before the Board for a vote.

- ❖ **MOVED** by KELLY, **SECONDED** by HOLST, to **APPOINT** Dr. Swarts to the IPRC. Motion **APPROVED** unanimously.

- *Discussion Regarding the Creation of a Task Force on Foreign-Trained Dentists*

Ms. Stuecker reported that the Board has discussed licensure challenges for foreign-trained dentists previously. Ms. Stuecker proposed the creation of a task force to begin exploring this topic further.

Ms. Slach and Dr. Davidson indicated that they were in favor of this. Ms. Stuecker asked if they could appoint the members of the task force internally or if the Board wanted input and involvement. The Board indicated that staff could determine the composition of the task force.

There was further discussion about the purpose of the task force. The group would be charged with discussing ways maintain the required standards of practice and safety to the public, while easing the requirements for obtaining a dental license. Ms. Stuecker stated that one suggestion would be to consider options that would allow for review of the foreign education for equivalency to CODA-accredited education standards.

Ms. Slach asked if a foreign-trained dentist would be on the task force. Ms. Stuecker stated that staff would reach out to University of Iowa College of Dentistry and ensure the task force was appropriately represented by foreign-trained dentists. Ms. Kelly noted that there are a number of foreign-trained dentists who serve as faculty at the University of Iowa College of Dentistry. The faculty permits restrict practice to the university and affiliated programs.

Ms. Stuecker stated that staff will report back to the Board at the January 2020 meeting.

- *Update on IDB Strategic Plan*

Ms. Stuecker reported that, at the last meeting, the Board agreed to use the strategic planning facilitator used by the Iowa Board of Pharmacy, at a cost of roughly \$8500.

Ms. Stuecker noted that staff currently projected a slight budget shortfall of approximately \$4000 in FY2021. Ms. Stuecker believed that the Board may be able to achieve cost savings by contracting instead with staff at The Iowa Department of Public Health who have expertise in this area.

The Board members and staff can do some of the work internally; however, there are portions of the strategic plan, such as the SWAT analysis and the formal discussion in open session about goal setting, which is better done by an independent party. Ms. Stuecker recommended changing course as outlined.

The Board members were supportive of the suggestion.

- The Board took a brief recess at 8:23 a.m.
- Ms. Kelly left the meeting at 8:25 a.m.
- The Board reconvened at 8:30 a.m.

CLOSED SESSION

- ❖ MOVED by MCBRIDE, SECONDED by ELMITT, to go into CLOSED SESSION pursuant to Iowa Code section 21.5(1)(a), to review or discuss records which are required or authorized by state or federal law to be kept confidential; pursuant to Iowa Code section 21.5(1)(d), to discuss whether to initiate licensee disciplinary investigations or proceedings; and pursuant to Iowa Code section 21.5(1)(f), to discuss the decision to be rendered in a contested case conducted according to the provisions of chapter 17A.

Roll Call:

<u>Member</u>	<u>McBride</u>	<u>Foley</u>	<u>Davidson</u>	<u>Ceraso</u>	<u>Holst</u>	<u>Kelly</u>	<u>Slach</u>	<u>Elmitt</u>	<u>Thorsen</u>
Yes	x	x	x		x		x	x	
No									
Absent				x		x			x

Motion APPROVED by roll call.

- The Board convened in closed session at 8:31 a.m.
- ❖ MOVED by MCBRIDE, SECONDED by SLACH, to RETURN to OPEN SESSION. Motion APPROVED unanimously.
- The Board reconvened in open session at 9:51 a.m.

VIII. CONTESTED CASE

- *Consideration of a Motion to Continue in the Matter of Thomas Evans, D.D.S. (#18-0142)*
- Ms. Steffensmeier recused herself from this portion of the meeting since she represents the State of Iowa in this matter.
- Mr. Schultz recused himself from this portion of the meeting as he was the investigator assigned in this matter.

Ms. Stuecker provided an overview of the request. The Board will need to decide whether or not to grant the request for continuance. Dr. Evans' attorney requested a second continuance due to the birth of his child in September 2019 and he believed that the current schedule would create unnecessary hardship.

Ms. Stuecker noted that the Board was provided a copy of Ms. Steffensmeier's response to the request. Ms. Steffensmeier requested that the Board deny the request for continuance. Ms. Stuecker asked the Board to review the information briefly.

Ms. Laura Lockard, sitting in for Administrative Law Judge Carla Hamborg, joined the meeting by teleconference to direct the discussion with the members of the Board. Ms. Lockard provided a brief summary of the items that the Board will need to consider when making a decision. Ms. Lockard welcomed any questions if there were any. Ms. Lockard referenced the factors that the

Board may consider when deliberating the request. Ms. Lockard noted that the State listed those factors in its response.

Ms. Lockard noted that, if approved, the request would continue the hearing in the matter to August 2020, which is the next regularly-scheduled hearing date. Ms. Lockard stated that the Board could also consider a compromise if they wished to schedule another hearing date between January and August 2020. Ms. Lockard asked the Board to weigh in on this.

Dr. McBride asked if the Board had to vote on this. Ms. Stuecker stated that the Board needed to make a decision on the request. Dr. McBride asked for a motion prior to continuing the discussion.

- ❖ MOVED by FOLEY, SECONDED by SLACH, to DENY the request for continuance in the Matter of Thomas Evans, D.D.S., file number 18-0142.

Dr. McBride reported that the Board previously approved a request for continuance in this matter. Dr. Foley indicated that this factored as a reason to deny the most recent request. In particular, Dr. Foley had reservations about delaying this matter further since this was an infection control case, which has significant implications to the safety of the public. Dr. Foley noted that Dr. Evans opted to go to hearing and saw no reason to delay this matter further.

Ms. Slach indicated that electronic means of communications are available. The Board has previously indicated that they were willing to allow the use of electronic communications due to the location of Dr. Evans’ attorney. Ms. Slach also expressed concerns related to the nature of the complaint.

- ❖ Vote taken by roll call.

<u>Member</u>	<u>McBride</u>	<u>Foley</u>	<u>Davidson</u>	<u>Ceraso</u>	<u>Holst</u>	<u>Kelly</u>	<u>Slach</u>	<u>Elmitt</u>	<u>Thorsen</u>
Yes	x	x	x		x		x	x	
No									
Absent				x		x			x

Motion APPROVED unanimously.

Ms. Stuecker asked Ms. Lockard for clarification as to who should issue the order regarding the Board’s decision. Ms. Lockard recommended that the Board issue the order to avoid unnecessary procedural delays and appeals since the Board made the decision. Ms. Lockard stated that the Board can include provisions in the order to make clear that alternate means of communication would be allowed for participation in the hearing; though, this would not be required.

CLOSED SESSION

- ❖ MOVED by MCBRIDE, SECONDED by SLACH, to reconvene in closed session pursuant to Iowa Code section 21.5(1)(a), to review or discuss records which are required or authorized by state or federal law to be kept confidential; pursuant to Iowa Code section 21.5(1)(d), to discuss whether to initiate licensee disciplinary investigations or proceedings; and pursuant to Iowa Code section 21.5(1)(f), to discuss the decision to be rendered in a contested case conducted according to the provisions of chapter 17A.

<u>Member</u>	<u>McBride</u>	<u>Foley</u>	<u>Davidson</u>	<u>Ceraso</u>	<u>Holst</u>	<u>Kelly</u>	<u>Slach</u>	<u>Elmitt</u>	<u>Thorsen</u>
Yes	x	x	x		x		x	x	
No									
Absent				x		x			x

Motion APPROVED by roll call.

- The Board reconvened in closed session at 10:09 a.m.
- ❖ MOVED by ELMITT, SECONDED by DAVIDSON, to RETURN to OPEN SESSION. Motion APPROVED unanimously.
- The Board reconvened in open session at 12:44 p.m.

OPEN SESSION

VIII. ACTION, IF ANY, ON CLOSED SESSION AGENDA ITEMS

a. Closed Session Minutes

- ❖ MOVED by SLACH, SECONDED by DAVIDSON, to APPROVE the closed session minutes of the September 27, 2019 meeting as drafted. Motion APPROVED unanimously.

b. Compliance

- ❖ MOVED by SLACH, SECONDED by DAVIDSON, to APPROVE a new implant practice monitor who is an oral surgeon and to APPROVE the implant practice monitor reporting form with the discussed revisions in the Matter of Steffany L. Mohan, D.D.S., file numbers 14-0081, 15-0048. Motion APPROVED unanimously.
- ❖ MOVED by SLACH, SECONDED by DAVIDSON, that the Board reviewed evidence of the completion of the course this licensee was required to attend and no concerns were noted at this time in the Matter of Avijit Goel, D.D.S., file numbers 18-0149, 18-0150, 18051. Motion APPROVED unanimously.

c. Disciplinary Orders

- ❖ MOVED by FOLEY, SECONDED by ELMITT, to APPROVE the Combined Statement of Charges, Settlement Agreement and Final Order as proposed in the Matter of Donald Peterson, D.D.S., file number 18-0102. Motion APPROVED unanimously.
- ❖ MOVED by FOLEY, SECONDED by ELMITT, to KEEP OPEN file number 19-0113. Motion APPROVED unanimously. Dr. McBride recused himself.

d. Application for Reinstatement of Dental License

- ❖ MOVED by SLACH, SECONDED by ELMITT, to KEEP OPEN file number 15-0080. Motion APPROVED unanimously.

e. Action on Cases

- ❖ MOVED by FOLEY, SECONDED by DAVIDSON, to KEEP OPEN file number 19-0025. Motion APPROVED unanimously.
- ❖ MOVED by FOLEY, SECONDED by DAVIDSON, to CLOSE file number 19-0060. Motion APPROVED unanimously.
- ❖ MOVED by FOLEY, SECONDED by ELMITT, to CLOSE file number 19-0072. Motion APPROVED unanimously. Dr. Davidson recused himself.
- ❖ MOVED by FOLEY, SECONDED by ELMITT, to CLOSE file number 19-0074. Motion APPROVED unanimously. Dr. Davidson recused himself.
- ❖ MOVED by FOLEY, SECONDED by DAVIDSON, to CLOSE file number 19-0099. Motion APPROVED unanimously.
- ❖ MOVED by FOLEY, SECONDED by DAVIDSON, to CLOSE file number 19-0100. Motion APPROVED unanimously.
- ❖ MOVED by FOLEY, SECONDED by DAVIDSON, to CLOSE file number 19-0144. Motion APPROVED unanimously.
- ❖ MOVED by FOLEY, SECONDED by ELMITT, to KEEP OPEN file number 19-0111. Motion APPROVED unanimously. Dr. Davidson recused himself.
- ❖ MOVED by FOLEY, SECONDED by DAVIDSON, to KEEP OPEN file number 19-0116. Motion APPROVED unanimously. Ms. Elmitt recused herself.
- ❖ MOVED by FOLEY, SECONDED by DAVIDSON, to KEEP OPEN number 19-0122. Motion APPROVED unanimously.
- ❖ MOVED by FOLEY, SECONDED by DAVIDSON, to CLOSE file number 19-0130. Motion APPROVED unanimously.
- ❖ MOVED by FOLEY, SECONDED by DAVIDSON, to CLOSE file number 19-0138. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by HOLST, to CLOSE file number 19-0103. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by HOLST, to CLOSE file number 19-0109. Motion APPROVED unanimously.

- ❖ MOVED by ELMITT, SECONDED by HOLST, to CLOSE file number 19-0110. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by HOLST, to KEEP OPEN file number 19-0115. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by HOLST, to KEEP OPEN file number 19-0117. Motion APPROVED unanimously. Dr. Foley recused herself.
- ❖ MOVED by ELMITT, SECONDED by HOLST, to CLOSE file number 19-0125. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by HOLST, to CLOSE file number 19-0129. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by HOLST, to CLOSE file number 19-0132. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by HOLST, to KEEP OPEN file number 19-0133. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by HOLST, to KEEP OPEN file number 19-0134. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by HOLST, to KEEP OPEN file number 19-0135. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by HOLST, to KEEP OPEN file number 18-0136. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by HOLST, to CLOSE file number 19-0137. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by MCBRIDE, to CLOSE file number 19-0139. Motion APPROVED unanimously. Dr. Holst recused herself.
- ❖ MOVED by ELMITT, SECONDED by HOLST, to CLOSE file number 19-0142. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by HOLST, to CLOSE file number 19-0143. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by HOLST, to KEEP OPEN file number 19-0147. Motion APPROVED unanimously.

- ❖ MOVED by ELMITT, SECONDED by HOLST, to KEEP OPEN file number 19-0151. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by HOLST, to CLOSE file number 19-0114. Motion APPROVED unanimously. Dr. Foley recused herself.
- ❖ MOVED by DAVIDSON, SECONDED by SLACH, to CLOSE file number 18-0100. Motion APPROVED unanimously.
- ❖ MOVED by DAVIDSON, SECONDED by SLACH, to KEEP OPEN file number 18-0108. Motion APPROVED unanimously.
- ❖ MOVED by DAVIDSON, SECONDED by SLACH, to KEEP OPEN file number 19-0047. Motion APPROVED unanimously.
- ❖ MOVED by DAVIDSON, SECONDED by SLACH, to KEEP OPEN file number 19-0062. Motion APPROVED unanimously.
- ❖ MOVED by DAVIDSON, SECONDED by SLACH, to KEEP OPEN file number 19-0065. Motion APPROVED unanimously.
- ❖ MOVED by DAVIDSON, SECONDED by SLACH, to CLOSE file number 19-0071. Motion APPROVED unanimously.
- ❖ MOVED by SLACH, SECONDED by HOLST, to CLOSE file number 19-0128. Motion APPROVED unanimously.
- ❖ MOVED by SLACH, SECONDED by DAVIDSON, to CLOSE file number 19-0121. Motion APPROVED unanimously.
- ❖ MOVED by SLACH, SECONDED by DAVIDSON, to CLOSE file number 19-0145. Motion APPROVED unanimously.
- ❖ MOVED by SLACH, SECONDED by DAVIDSON, to KEEP OPEN file number 19-0146. Motion APPROVED unanimously.

IX. ADJOURN

- ❖ MOVED by ELMITT, SECONDED by DAVIDSON, to ADJOURN. Motion APPROVED unanimously.

The meeting of the Iowa Dental Board adjourned at 12:50 p.m. on November 15, 2019.

NEXT MEETING OF THE COMMITTEE

The next meeting of the Iowa Dental Board is scheduled for January 24, 2020, in Des Moines, Iowa.

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

DRAFT



STATE OF IOWA

IOWA DENTAL BOARD

KIM REYNOLDS, GOVERNOR
ADAM GREGG, LT. GOVERNOR

JILL STUECKER
EXECUTIVE DIRECTOR

IOWA DENTAL BOARD

OPEN SESSION MINUTES

December 3, 2019
Conference Room
400 S.W. 8th St., Suite D
Des Moines, Iowa

Board Members

William McBride, D.D.S.,	Recused
Lori Elmitt, Public Member	Present
Gregory Cerasso, D.D.S.	Absent
Mary Kelly, R.D.H.	Present
William McBride, D.D.S.	Present
Lisa Holst, 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

I. CALL TO ORDER

Ms. Stuecker called the meeting of the Iowa Dental Board to order at 7:00 a.m. on Tuesday, December 3, 2019. 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:

<u>Member</u>	<u>Foley</u>	<u>Elmitt</u>	<u>Holst</u>	<u>Kelly</u>	<u>McBride</u>	<u>Davidson</u>	<u>Thorsen</u>	<u>Slach</u>	<u>Cerasso</u>
Present	x	x	x	x		x	x	x	
Absent					x				x

A quorum was established with seven (7) members present.

CLOSED SESSION

I. ITEM FOR REVIEW AND DISCUSSION – Combined Statement of Charges, Settlement Agreement and Final Order

- Ms. Stuecker reported that Dr. McBride has recused himself from this matter.
- ❖ MOVED by ELMITT, SECONDED by KELLY, to go into CLOSED SESSION pursuant to Iowa Code Section 21.5(1)(d) and 21.5(1)(f) to review or discuss records which are required or authorized by state or federal law to be kept confidential.

Roll Call:

<u>Member</u>	<u>Foley</u>	<u>Elmitt</u>	<u>Holst</u>	<u>Kelly</u>	<u>McBride</u>	<u>Davidson</u>	<u>Thorsen</u>	<u>Slach</u>	<u>Cerasso</u>
Yes	x	x	x	x		x	x	x	
No									
Absent					x				x

Motion APPROVED by roll call vote.

- The Board convened in CLOSED session at 7:04 a.m.
- Dr. Davidson left the meeting during the closed session discussion.
- ❖ MOVED by ELMITT, SECONDED by KELLY, to return to OPEN session. Motion APPROVED unanimously.
- The Board reconvened in OPEN session at 7:23 a.m.

OPEN SESSION

ACTION ON CLOSED SESSION AGENDA ITEM

- ❖ MOVED by SLACH, SECONDED by FOLEY, to APPROVE the order in case # 19-0113.

Roll Call:

<u>Member</u>	<u>Foley</u>	<u>Elmitt</u>	<u>Holst</u>	<u>Kelly</u>	<u>McBride</u>	<u>Davidson</u>	<u>Thorsen</u>	<u>Slach</u>	<u>Cerasso</u>
Yes	x	x	x	x				x	
No							x		
Absent					x	x			x

Motion APPROVED by roll call vote, 5-1.

ADJOURN

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

The meeting was adjourned at 7:24 a.m. on Tuesday, December 3, 2019.

NEXT MEETING OF THE BOARD

The next quarterly meeting of the Board is scheduled for January 24, 2020, in Des Moines, Iowa.

These minutes are respectfully submitted by Jill Stuecker, Iowa Dental Board.

DRAFT

REPORT TO THE IOWA DENTAL BOARD

ACTION

DATE OF MEETING: January 24, 2020
RE: Recommendations by the Committee
SUBMITTED BY: Anesthesia Credentials Committee
ACTION REQUESTED: Board Action on Committee Recommendation(s)

COMMITTEE RECOMMENDATIONS

The committee was scheduled to meet on December 12, 2019. The committee was unable to establish a quorum at the meeting. (Four committee members were in attendance; five members are required for a quorum.) Those in attendance chose to meet in order to make recommendations on the pending applications. Due to a lack of a quorum, the committee recommendations are being forwarded to the Board for approval.

The committee members voted to recommended action on the applications as indicated below:

APPLICATION(S) FOR GENERAL ANESTHESIA PERMIT:

- *Brock Radich, D.D.S.* – Recommended approval of permit.

APPLICATION(S) FOR MODERATE SEDATION PERMITS:

- *Jard Bitner, D.D.S.* – Recommended approval of permit.

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.

<u>Current Members</u>	<u>Date Appointed</u>	<u>Permit Holder</u>
<i>Michael Davidson, D.D.S. (General Dentist)</i>	2018	Moderate Sedation Permit
John Frank, D.D.S. (Oral Surgeon)	2013	General Anesthesia Permit
Jonathan DeJong, D.D.S., (Oral Surgeon)	2015	General Anesthesia Permit
Steven Clark, D.D.S. (Oral Surgeon)	prior to 2012	General Anesthesia Permit
Kurt Westlund, D.D.S. (Oral Surgeon)	prior to 2004	General Anesthesia Permit
Douglas Horton, D.D.S. (General Dentist)	prior to 2004	Moderate Sedation Permit
Gary Roth, D.D.S. (General Dentist)	prior to 2004	Moderate Sedation Permit
<i>Kaaren Vargas, D.D.S (Pediatric Dentist)</i>	2012	None (Permit expired 2014)
<i>Gregory Ceraso, D.D.S. (General Dentist)</i>	2019	None
<i>Karen Potaczek, D.D.S. (Oral Surgeon)</i>	2019	General Anesthesia Permit

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*

REPORT TO THE IOWA DENTAL BOARD

DATE OF MEETING: January 24, 2020
RE: Recommendations: Course, Sponsor & Other Requests
SUBMITTED BY: Continuing Education Advisory Committee
ACTION REQUESTED: Board Action on Committee Recommendation

The committee recommended approval as follows unless otherwise noted.

CONTINUING EDUCATION COURSE REVIEW

- **Scott Terry, D.D.S.:** “To Graft or Not to Graft... That is the Question” – Requested 2 hours.
- **Iowa Dental Association May 2020 Meeting:**
 - “Control, Protocol and Risk Management” – Requested 2 hours per session, 4 hours total.
- **Davidson Family Dentistry:**
 - Placement and Removal of Dry Socket Medications – Requested 1 hour.
 - Placement of Periodontal Dressings – Requested 1 hour.
 - Testing Pulp Vitality – Requested 1 hour.
 - Preliminary Charting of Existing Dental Restorations – Requested 1 hour.
- **Periodontal Specialists:** “OSHA & Infection Control” – Requested 4 hours. **
- **Spring Park Oral & Maxillofacial Surgeons, P.C.:** “Medical Emergencies in the Dental Office 2019” – Requested 4 hours. **
- **Iowa Dental Association May 2020 Meeting:** **
 - General Attendance: 1.5 hours/day for 6 hours total per biennium, pursuant to IAC 650—25.9(1).
 - “Doc, It Was Never a Problem until You “Fixed” It!” – Requested 1.5 hours per session, 6 hours total.
 - “HPV Oropharyngeal Carcinoma/Head Neck Cancer and Immune Related Disorders with Medical Considerations” – 1.5 hours per session, 3 hours total.
 - “Hot Topics in Implant Dentistry” – Requested 2.0 hours per session, 6 hours total.
 - Karen Baker: “The Prescription Opioid Crisis Impact on Dental Pain Management Parts” – Requested 1.5 hours per session, 3 hours total.
 - Jill Stuecker: “Iowa Dental Board Jurisprudence” – Requested 1.5 hours.
 - Dr. Carrie McKnight: “OSHA’s Bloodborne Pathogens Standard: What You Need to Know” – Requested 1 hour.
 - Dr. Trishul Allareddy: “Imaging in Dentistry: Guidelines” – Requested 2 hours.
- **University District Dental Society:** “Innovations in Implant Systems” – Requested 6 hours. **

**Board staff recommends APPROVAL of the following courses pursuant to Iowa Administrative Code 650—25.5(2) or as otherwise noted.

RECOMMENDED DENIAL DUE TO FOCUS OF CONTENT:

- **Community Health Center:** “CPI: Non-Violent Crisis Intervention” – Requested 12 hours.
- **Iowa Dental Association May 2020 Meeting:**
 - “I Was on the Internet Last Night” – Requested 1.5 hours per session, 3 hours total.
 - Keynote Address: “Overcoming Adversity” – Requested 1.0 hour.
 - “ADAPT Information Session” – Requested 1 hour.
 - “New Dentist Lecture” – Requested 1.5 hours.

- **Southwest Iowa Dental District:** “Evidence Based ... or just Google It?” – Requested 1 hour.

REQUESTED ADDITIONAL INFORMATION:

- **Iowa Dental Association May 2020 Meeting:**
 - “Getting Past “Uh-oh”, “No” and “Helicopters” – Requested 1.5 hours per session, 3 hours total.
 - “LGBTQ 101” – Requested 1 hour.

CONTINUING EDUCATION SPONSOR APPLICATIONS FOR REVIEW

- *Sioux City Dental Society* (Recertification)

OTHER BUSINESS
EXPANDED FUNCTIONS

- ***Dental Assistant Educators Council:***
 - a. Update to previously-approved Level 1 expanded functions for new training standards (Previously approved by the Board to teach all Level 1 expanded functions.)
 - b. Placement of Class 1 Temporary Filling Materials (New Level 1 expanded function)
 - c. Recementation of Provisional Restorations (New Level 1 expanded function)
- ***Apex Dental:***
 - a. Update to previously-approved Level 1 expanded functions for new training standards
 - i. Taking Occlusal Registrations
 - ii. Placement & Removal of Gingival Retraction
 - iii. Fabrication & Removal of Provisional Restorations
 - iv. Applying Cavity Liners and Bases; Desensitizing Agents; and Bonding Systems
 - v. Monitoring Nitrous Oxide
 - vi. Taking Final Impressions
- ***Davidson Family Dentistry:***
 - a. Placement of Class 1 Temporary Filling Materials (New Level 1 expanded function)

**CHAPTER 19
DENTAL HYGIENE**

650—19.1(153) Definitions.

“*Direct supervision*” means the dentist has delegated the services to be provided and is present in the treatment facility but is not required to be physically present in the treatment room. When utilized in teledentistry, the dentist must be able to appear using live video upon request with a response time similar to what would be expected if the dentist were present in the treatment facility.

“*General supervision*” means the dentist has delegated the services to be provided but does not need to be present in the treatment facility.

“*Practice of dental hygiene*” means those services which are educational, therapeutic, and preventive in nature which attain or maintain optimal oral health as determined by the board and may include but are not necessarily limited to complete oral prophylaxis, application of preventive agents to oral structures, exposure and processing of radiographs, administration of medicaments prescribed by a licensed dentist, obtaining and preparing nonsurgical, clinical and oral diagnostic tests for interpretation by the dentist, and preparation of preliminary written records of oral conditions for interpretation by the dentist.

“*Public health supervision*” means that the dentist has delegated the services to be provided to a patient in a public health setting.

650—19.2(153) General and direct supervision

19.2(1) When a dental hygienist is performing services under general supervision or when direct supervision is being utilized via live video, the following requirements shall be met:

- a. Patients or their legal guardians must be informed prior to the appointment that no dentist will be physically present.
- b. Patients or their legal guardians must be informed prior to the appointment if there will not be a dental exam conducted by a dentist.
- c. The hygienist must consent to the arrangement.
- d. Basic emergency procedures must be established and in place and the hygienist must be capable of implementing these procedures.
- e. The treatment to be provided must be delegated by a licensed dentist and must be entered in writing in the patient record.

19.2(2) The allowance for 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.

650—19.3(153) Public health supervision. A dental hygienist may practice under the public health supervision of a dentist if done in accordance with this rule. Under public health supervision, hygiene services may be rendered without the patient being examined by a dentist and the dentist is not required to provide future dental treatment to patients served.

19.3(1) Public health supervision can occur when:

a. The dentist and the dental hygienist have entered into a written supervision agreement that details the responsibilities of each licensee, as specified in subrule 19.3(2); and

b. The dental hygienist has an active Iowa license with a minimum of one year of clinical practice experience.

19.3(2) *Written supervision agreement.* When working together in a public health supervision relationship, a dentist and dental hygienist shall enter into a written agreement that specifies the following responsibilities:

a. The dentist providing public health supervision must:

(1) Be available to provide communication and consultation with the dental hygienist;

(2) Have age- and procedure-specific standing orders for the performance of dental hygiene services. Those standing orders must include consideration for medically compromised patients and medical conditions for which a dental exam must occur prior to the provision of dental hygiene services;

(3) Specify a period of time in which a dental exam must occur prior to providing further hygiene services. The dental exam requirement does not apply to educational services, assessments, screenings, and fluoride if specified in the supervision agreement;

(4) Specify the location or locations where the hygiene services will be provided under public health supervision; and

(5) Complete board-approved training on silver diamine fluoride if the supervision agreement permits the use of silver diamine fluoride. The supervision agreement must specify guidelines for use of silver diamine fluoride and must follow board-approved protocols.

b. A dental hygienist providing services under public health supervision may provide all services described in this chapter except for the administration of local anesthesia or nitrous oxide inhalation analgesia and must:

(1) Maintain contact and communication with the dentist providing public health supervision;

(2) Practice according to age- and procedure-specific standing orders as directed by the supervising dentist unless otherwise directed by the dentist for a specific patient;

(3) Provide to the patient, parent, or guardian a written plan for referral to a dentist and assessment of further dental treatment needs;

(4) Have each patient sign a consent form that notifies the patient that the services that will be received do not take the place of regular dental checkups at a dental office and are meant for people who otherwise would not have access to services;

(5) Specify a procedure for creating and maintaining dental records for the patients that are treated by the dental hygienist, including where these records are to be located; and

(6) Complete board-approved training on silver diamine fluoride if the supervision agreement permits the use of silver diamine fluoride. The supervision agreement must specify guidelines for use of silver diamine fluoride and must follow board-approved protocols.

c. The written agreement for public health supervision must be maintained by the dentist and the dental hygienist and must be made available to the board upon request. The dentist and dental hygienist must review the agreement at least biennially.

d. A copy of the written agreement for public health supervision shall be filed with the Iowa Department of Public Health, Lucas State Office Building, 321 E. 12th Street, Des Moines, Iowa 50319.

19.3(3) Reporting requirements. Each dental hygienist who has rendered services under public health supervision must complete a summary report at the completion of a program or, in the case of an ongoing program, at least annually. The report shall be filed with the Iowa Department of Public Health on forms provided by the department and shall include information related to the number of patients seen and services provided so that the department may assess the impact of the program. The department will provide summary reports to the board on an annual basis.

650—19.4(153) Delegated services prior to a dental exam. A dentist may delegate the following services to a dental hygienist to be performed under general supervision prior to a dental exam, provided the dentist has authorized the delegation and services are conducted on a patient of record. An exam by the dentist must take place during an initial visit by a new patient. An exam must occur within 12 months prior to services being delegated for existing patients.

- a. Identifying and evaluating factors which indicate the need for performing treatment
- b. Reviewing medical, dental, and social health histories
- c. Dental radiography
- d. Performing intraoral and extraoral assessments
- e. Indexing dental and periodontal disease
- f. Preliminary charting of existing dental restorations and teeth
- g. Making occlusal registrations for mounting study casts
- h. Testing pulp vitality
- i. Analyzing dietary surveys
- j. Oral prophylaxis, which includes supragingival and subgingival debridement of plaque, and detection and removal of calculus with instruments or any other devices
- k. Removing and polishing hardened excess restorative material
- l. Removal of adhesives
- m. Administering fluoride
- n. Preparing a hygiene treatment plan for review by the dentist
- o. Performing full-mouth debridement

650—19.5(153) Delegated services after a dental exam.

19.5(1) A dentist may delegate the following services to a dental hygienist to be performed under general supervision after the dental exam:

- a. Applying or administering medicaments prescribed by a dentist, including chemotherapeutic agents and medicaments or therapies for the treatment of periodontal disease and caries
- b. Periodontal scaling and root planing

c. Applying pit and fissure sealants, silver diamine fluoride and other medications or methods for caries and periodontal disease control

d. Administering local anesthesia

19.5(2) A dentist may delegate the administration of nitrous oxide inhalation analgesia to be performed under direct supervision after a dental exam.

19.5(3) A dentist may delegate expanded function procedures to a dental hygienist to be performed after a dental exam consistent with the training and supervision set forth in 650—Chapter 23.

650—19.6(153) Educational services. A dental hygienist may perform educational services independent of a dentist. Educational services include 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 education services.

650—19.7(153) Practice settings.

19.7(1) A dental hygienist may practice at the following locations under direct supervision or general supervision by a dentist consistent with the board's rules:

- a.* A dental office
- b.* A public or private school
- c.* Public health agencies
- d.* Hospitals
- e.* The armed forces

19.7(2) A dental hygienist may practice at the following locations under public health supervision in accordance with rule 650—19.6(153):

- a.* Schools
- b.* Head Start programs
- c.* Programs affiliated with the early childhood Iowa (ECI) initiative authorized by Iowa Code chapter 256I
- d.* Child care centers (excluding home-based child care centers)
- e.* Federally qualified health centers
- f.* Public health dental vans
- g.* Free clinics
- h.* Nonprofit community health centers
- i.* Nursing facilities
- j.* Federal, state, or local public health programs
- k.* Hospitals
- l.* Prisons

650—19.8(147,153) Unauthorized practice of a dental hygienist. A dental hygienist who renders hygiene services (except educational services) that have not been delegated

by a licensed dentist or that are not performed under the supervision of a licensed dentist as provided in the board's rules shall be deemed to be practicing illegally.

19.8(1) The unauthorized practice of dental hygiene **also** means allowing a person not licensed in dentistry or dental hygiene to perform dental hygiene services authorized in Iowa Code section 153.15 and the board's rules.

19.8(2) The unauthorized practice of dental hygiene also means the performance of services by a dental hygienist that exceeds the scope of practice granted in Iowa Code section 153.15 and the board's rules.

19.8(3) *Students enrolled in dental hygiene programs.* Students enrolled in an accredited dental hygiene program are not considered to be engaged in the unlawful practice of dental hygiene provided that such practice is in connection with their regular course of instruction and meets the following:

a. The practice of clinical skills on peers enrolled in the same program must be under the direct supervision of a program instructor with an active Iowa dental hygiene license, Iowa faculty permit, or Iowa dental license;

b. The practice of clinical skills on members of the public must be under the general supervision of a dentist with an active Iowa dental license;

c. The practice of clinical skills involving the administration or monitoring of nitrous oxide or the administration of local anesthesia must be under the direct supervision of a dentist with an active Iowa dental license.

These rules are intended to implement Iowa Code sections 153.15 and 153.17.

TITLE III
LICENSING

CHAPTER 10

GENERAL REQUIREMENTS

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

650—10.1(153) Licensed or registered personnel. Persons engaged in the practice of dentistry in Iowa must be licensed by the board as a dentist, and persons performing services under Iowa Code section 153.15 must be licensed by the board as a dental hygienist. Persons engaged in the practice of dental assisting must be registered by the board pursuant to 650—Chapter 20.

This rule is intended to implement Iowa Code sections 147.2 and 153.17.

650—10.2(147,153) Display of license, registration, permit, and renewal. The license to practice dentistry or dental hygiene or the registration as a dental assistant and the current renewal must be prominently displayed by the licensee or registrant at each permanent practice location. A dentist who holds a permit to administer deep sedation/general anesthesia or conscious sedation, or a dental hygienist who holds a permit to administer local anesthesia, shall also prominently display the permit and the current renewal at each permanent practice location.

10.2(1) Additional certificates shall be obtained from the board whenever a licensee or registrant practices at more than one address.

10.2(2) Duplicate licenses, certificates of registration, or permits shall be issued by the board upon satisfactory proof of loss or destruction of the original license, certificate of registration, or permit.

This rule is intended to implement Iowa Code sections 147.7, 147.10 and 147.80(17).

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 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; 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.

f. Phlebotomy.

g. Expanded function procedures in accordance with 650—Chapter 23.

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.

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; ARC 4676C, IAB 9/25/19, effective 10/30/19]

650—10.4(153) Unauthorized practice of a dental hygienist. A dental hygienist who renders hygiene services, except educational services, that have not been delegated by a licensed dentist or that are not performed under the supervision of a licensed dentist as provided by rule shall be deemed to be practicing illegally.

10.4(1) The unauthorized practice of dental hygiene means allowing a person not licensed in dentistry or dental hygiene to perform dental hygiene services authorized in Iowa Code section 153.15 and rule 650—10.3(153).

10.4(2) The unauthorized practice of dental hygiene also means the performance of services by a dental hygienist that exceeds the scope of practice granted in Iowa Code section 153.15.

10.4(3) Students enrolled in dental hygiene programs. Students enrolled in an accredited dental hygiene program are not considered to be engaged in the unlawful practice of dental hygiene provided that such practice is in connection with their regular course of instruction and meets the following:

a. The practice of clinical skills on peers enrolled in the same program must be under the direct supervision of a program instructor with an active Iowa dental hygiene license, Iowa faculty permit, or Iowa dental license;

b. The practice of clinical skills on members of the public must be under the general supervision of a dentist with an active Iowa dental license;

c. The practice of clinical skills involving the administration or monitoring of nitrous oxide or the administration of local anesthesia must be under the direct supervision of a dentist with an active Iowa dental license.

This rule is intended to implement Iowa Code sections 147.10, 147.57 and 153.15.

[ARC 2592C, IAB 6/22/16, effective 7/27/16; ARC 3487C, IAB 12/6/17, effective 1/10/18; ARC 3987C, IAB 8/29/18, effective 10/3/18]

650—10.5(153) Public health supervision allowed. A dentist who meets the requirements of this rule may provide public health supervision to a dental hygienist if the dentist has an active Iowa license and the services are provided in public health settings.

10.5(1) *Public health settings defined.* For the purposes of this rule, public health settings are limited to schools; Head Start programs; programs affiliated with the early childhood Iowa (ECI) initiative authorized by Iowa Code chapter 256I; child care centers (excluding home-based child care centers);

federally qualified health centers; public health dental vans; free clinics; nonprofit community health centers; nursing facilities; and federal, state, or local public health programs.

10.5(2) Public health supervision defined. “Public health supervision” means all of the following:

a. The dentist authorizes and delegates the services provided by a dental hygienist to a patient in a public health setting, with the exception that hygiene services may be rendered without the patient’s first being examined by a licensed dentist;

b. The dentist is not required to provide future dental treatment to patients served under public health supervision;

c. The dentist and the dental hygienist have entered into a written supervision agreement that details the responsibilities of each licensee, as specified in subrule 10.5(3); and

d. The dental hygienist has an active Iowa license with a minimum of one year of clinical practice experience.

10.5(3) Licensee responsibilities. When working together in a public health supervision relationship, a dentist and dental hygienist shall enter into a written agreement that specifies the following responsibilities.

a. The dentist providing public health supervision must:

(1) Be available to provide communication and consultation with the dental hygienist;

(2) Have age- and procedure-specific standing orders for the performance of dental hygiene services. Those standing orders must include consideration for medically compromised patients and medical conditions for which a dental evaluation must occur prior to the provision of dental hygiene services;

(3) Specify a period of time in which an examination by a dentist must occur prior to providing further hygiene services. However, this examination requirement does not apply to educational services, assessments, screenings, and fluoride if specified in the supervision agreement;

(4) Specify the location or locations where the hygiene services will be provided under public health supervision; and

(5) Complete board-approved training on silver diamine fluoride if the supervision agreement permits the use of silver diamine fluoride. The supervision agreement must specify guidelines for use of silver diamine fluoride and must follow board-approved protocols.

b. A dental hygienist providing services under public health supervision may provide assessments; screenings; data collection; and educational, therapeutic, preventive, and diagnostic services as defined in rule 650—10.3(153), except for the administration of local anesthesia or nitrous oxide inhalation analgesia, and must:

(1) Maintain contact and communication with the dentist providing public health supervision;

(2) Practice according to age- and procedure-specific standing orders as directed by the supervising dentist, unless otherwise directed by the dentist for a specific patient;

(3) Provide to the patient, parent, or guardian a written plan for referral to a dentist and assessment of further dental treatment needs;

(4) Have each patient sign a consent form that notifies the patient that the services that will be received do not take the place of regular dental checkups at a dental office and are meant for people who otherwise would not have access to services;

(5) Specify a procedure for creating and maintaining dental records for the patients that are treated by the dental hygienist, including where these records are to be located; and

(6) Complete board-approved training on silver diamine fluoride if the supervision agreement permits the use of silver diamine fluoride. The supervision agreement must specify guidelines for use of silver diamine fluoride and must follow board-approved protocols.

c. The written agreement for public health supervision must be maintained by the dentist and the dental hygienist and must be made available to the board upon request. The dentist and dental hygienist must review the agreement at least biennially.

d. A copy of the written agreement for public health supervision shall be filed with the Bureau of Oral and Health Delivery Systems, Iowa Department of Public Health, Lucas State Office Building, 321 E. 12th Street, Des Moines, Iowa 50319.

10.5(4) Reporting requirements. Each dental hygienist who has rendered services under public health supervision must complete a summary report at the completion of a program or, in the case of an ongoing program, at least annually. The report shall be filed with the bureau of oral and health delivery systems of the Iowa department of public health on forms provided by the department and shall include information related to the number of patients seen and services provided so that the department may assess the impact of the program. The department will provide summary reports to the board on an annual basis.

This rule is intended to implement Iowa Code section 153.15.

[ARC 7767B, IAB 5/20/09, effective 6/24/09; ARC 0629C, IAB 3/6/13, effective 4/10/13; ARC 2141C, IAB 9/16/15, effective 10/21/15; ARC 3987C, IAB 8/29/18, effective 10/3/18]

650—10.6(147,153,272C) Other requirements.

10.6(1) Change of name. Each person licensed or registered by the board must notify the board, by written correspondence, of a change of legal name within 60 days of such change. Proof of a legal name change, such as a copy of a notarized letter, marriage certificate, or other legal document establishing the change must accompany the request for a name change.

10.6(2) Change of address. Each person licensed or registered by the board must notify the board within 60 days, through the board's online system, of changes in email and mailing addresses. Address changes shall be submitted as follows:

a. Primary mailing address. Licensees or registrants shall designate a primary mailing address. The primary mailing address may be a designated work or home address.

b. Practice locations. Licensees or registrants shall report addresses for all practice locations. Practice locations include full-time and part-time practice locations.

c. Email address. Each licensee or registrant shall report, when available, an email address for the purpose of electronic communications from the board.

10.6(3) Child and dependent adult abuse training. Licensees or registrants who regularly examine, attend, counsel or treat children or adults in Iowa must obtain mandatory training in child and dependent adult abuse identification and reporting in accordance with 650—subrule 25.4(2).

10.6(4) Reporting requirements. Each licensee and registrant shall be responsible for reporting to the board, within 30 days, any of the following:

a. Every adverse judgment in a professional malpractice action to which the licensee or registrant was a party.

b. Every settlement of a claim against the licensee or registrant alleging malpractice.

c. Any license or registration revocation, suspension or other disciplinary action taken by a licensing authority of another state, territory or country within 30 days of the final action by the licensing authority.

This rule is intended to implement Iowa Code sections 147.9, 232.69, 235B.16 and 272C.9.

[ARC 0265C, IAB 8/8/12, effective 9/12/12; ARC 3987C, IAB 8/29/18, effective 10/3/18; ARC 4846C, IAB 1/1/20, effective 2/5/20]

[Filed 8/23/78, Notice 6/28/78—published 9/20/78, effective 10/25/78]

[Filed emergency 12/16/83—published 1/4/84, effective 12/16/83]

[Filed emergency 2/24/84 after Notice 1/4/84—published 3/14/84, effective 2/24/84]

[Filed 12/14/84, Notice 10/10/84—published 1/2/85, effective 2/6/85]

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

[Filed 7/28/95, Notice 5/10/95—published 8/16/95, effective 9/20/95]

[Filed 10/30/98, Notice 5/20/98—published 11/18/98, effective 12/23/98]

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

[Filed 7/23/99, Notice 5/19/99—published 8/11/99, effective 9/15/99]

[Filed 1/21/00, Notice 12/15/99—published 2/9/00, effective 3/15/00]

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

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

[Filed 6/21/02, Notice 2/20/02—published 7/10/02, effective 8/14/02]

[Filed 12/4/03, Notice 9/17/03—published 12/24/03, effective 1/28/04]

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

[Filed 4/22/05, Notice 2/2/05—published 5/11/05, effective 6/15/05]
[Filed 1/27/06, Notice 9/28/05—published 2/15/06, effective 3/22/06]

[Nullified language editorially removed 5/24/06]†

[Filed emergency 4/23/07 after Notice 2/28/07—published 5/23/07, effective 4/23/07]
[Filed ARC 7767B (Notice ARC 7555B, IAB 2/11/09), IAB 5/20/09, effective 6/24/09]
[Filed ARC 0265C (Notice ARC 0128C, IAB 5/16/12), IAB 8/8/12, effective 9/12/12]
[Filed ARC 0629C (Notice ARC 0471C, IAB 11/28/12), IAB 3/6/13, effective 4/10/13]
[Filed ARC 2141C (Notice ARC 2043C, IAB 6/24/15), IAB 9/16/15, effective 10/21/15]
[Filed ARC 2592C (Notice ARC 2432C, IAB 3/2/16), IAB 6/22/16, effective 7/27/16]
[Filed ARC 3487C (Notice ARC 3253C, IAB 8/16/17), IAB 12/6/17, effective 1/10/18]
[Filed ARC 3987C (Notice ARC 3849C, IAB 6/20/18), IAB 8/29/18, effective 10/3/18]
[Filed ARC 4676C (Notice ARC 4424C, IAB 5/8/19), IAB 9/25/19, effective 10/30/19]
[Filed ARC 4846C (Notice ARC 4661C, IAB 9/25/19), IAB 1/1/20, effective 2/5/20]

¹ Effective date of 10.3(1) delayed until the end of the 2000 Session of the General Assembly by the Administrative Rules Review Committee at its meeting held September 15, 1999.

†See HJR 2006 of 2006 Session of the Eighty-first General Assembly regarding nullification of subrule 10.6(4).

DENTAL BOARD[650]

Adopted and Filed

Rule making related to dental assistant remediation requirements

The Dental Board hereby amends Chapter 20, “Dental Assistants,” and Chapter 22, “Dental Assistant Radiography Qualification,” Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is adopted and filed under the authority provided in Iowa Code section 147.76.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code section 153.39.

Purpose and Summary

The amendments update examination requirements to better reflect the needs of applicants for dental assistant registration in the state of Iowa and to reduce barriers of entry to the job market. Current rules require prospective dental assistants who twice fail required examinations in the areas of jurisprudence, infection control and radiography to submit proof of formal education in the area of examination failure through a program approved by the Board or a school accredited by the Commission on Dental Accreditation. This remedial education is required before the applicant can test a third time. Remediation can be difficult for some dental assistant applicants to complete due to a lack of local options available or due to cost of the training.

The Board wants to be responsive to this issue by eliminating formal remediation requirements. Prospective dental assistants who fail the exam have the ability to review study materials issued by the Board, which provides the opportunity for self-remediation. Further, dental assistant trainees work under the personal supervision of a dentist, which provides safeguards to the public.

Public Comment and Changes to Rule Making

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on November 6, 2019, ARC 4741 C. The Board accepted written and oral comments through December 20, 2019. One comment was received.

Lisa Swett, R.D.H. with Impact Dental Training expressed concern and believed that formal remediation is beneficial and establishes a basic level of competency for those entering the profession. Ms. Swett believed that it was counterproductive to allow individuals to retest without formal remediation. Ms. Swett stated that Impact Dental Training would be happy to consider alternative platforms if access is a problem.

No changes from the Notice have been made.

Adoption of Rule Making

This rule making was adopted by the Board on _____, 2020.

Fiscal Impact

This rule making has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rule making, a positive impact on jobs has been found, because the remediation requirement delays entry into the job market.

Waivers

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Board for a waiver of the discretionary provisions, if any, pursuant to rule 650—7.4(17A,147,153).

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

Effective Date

The earliest effective date for this rule making is March 18, 2020.

The following rule-making actions are adopted and filed:

ITEM 1. Amend rule **650—20.2(153)**, definition of “Public health supervision,” as follows:

“*Public health supervision*” means all of the following:

1. The dentist authorizes and delegates the services provided by a registered dental assistant to a patient in a public health setting, with the exception that services may be rendered without the patient's first being examined by a licensed dentist;
2. The dentist is not required to provide future dental treatment to patients served under public health supervision;
3. The dentist and the registered dental assistant have entered into a written supervision agreement that details the responsibilities of each licensee/registrant, as specified in subrule ~~20.16(2)~~ 20.15(2); and
4. The registered dental assistant has an active Iowa registration and a minimum of one year of clinical practice experience.

ITEM 2. Amend subrule 20.5(2) as follows:

20.5(2) Dental assistant trainee. Dental assistant trainees are all individuals who are engaging in on-the-job training to meet the requirements for registration and who are learning the necessary skills under the personal supervision of a licensed dentist. Trainees may also engage in on-the-job training in dental radiography pursuant to rule 650—22.3(136C,153).

a. General requirements. The dental assistant trainee shall meet the following requirements:

- (1) Successfully complete a course of study and examination in the areas of infection control, hazardous materials, and jurisprudence. The course of study shall be prior approved by the board and sponsored by a board-approved postsecondary school.
- (2) If a trainee fails to become registered by the trainee status expiration date, the trainee must stop work as a dental assistant trainee. If the trainee has not yet met the requirements for registration, the trainee may reapply for trainee status but may not work until a new dental assistant trainee status certificate has been issued by the board.

b. Trainee restart.

(1) Reapplying for trainee status. A trainee may “start over” as a dental assistant trainee provided the trainee submits an application in compliance with subrule 20.6(1).

(2) Examination scores valid for three years. A “repeat” trainee is not required to retake an examination (jurisprudence, infection control/hazardous materials, radiography) if the trainee has successfully passed the examination within three years of the date of application. ~~If a trainee has failed two or more examinations, the trainee must satisfy the remedial education requirements in subrule 20.11(1). The trainee status application will not be approved until the trainee successfully completes any required remedial education.~~

(3) New trainee status expiration date issued. If the repeat trainee application is approved, the board office will establish a new trainee status expiration date by which registration must be completed.

(4) Maximum of two “start over” periods allowed. In addition to the initial 12-month trainee status period, a dental assistant is permitted up to two start over periods as a trainee. If a trainee seeks an additional start over period beyond two, the trainee shall submit a petition for rule waiver under 650—Chapter 7.

c. Trainees enrolled in cooperative education or work study programs. The requirements stated in this subrule apply to all dental assistant trainees, including a person enrolled in a cooperative education or work-study program through an Iowa high school. In addition, a trainee under 18 years of age shall not participate in dental radiography.

ITEM 3. Rescind rule **650—20.11(153)**.

ITEM 4. Renumber rules **650—20.12(153)** to **650—20.17(153)** as **650—20.11(153)** to **650—20.16(153)**.

ITEM 5. Amend rule 650—22.5(136C,153) as follows:

650—22.5(136C,153) Examination requirements. An applicant for dental assistant radiography qualification shall successfully pass a board-approved examination in dental radiography.

22.5(1) Examinations must be prior approved by the board and must be administered in a proctored setting. All board-approved examinations must have a minimum of 50 questions. The Dental Assisting National Board Radiation Health and Safety Examination is an approved examination.

22.5(2) A score of 75 percent or better on a board-approved examination shall be considered successful completion of the examination. The board accepts the passing standard established by the Dental Assisting National Board for applicants who take the Dental Assisting National Board Radiation Health and Safety Examination.

22.5(3) Information on taking a board-approved examination may be obtained by contacting the board office at 400 SW 8th Street, Suite D, Des Moines, Iowa 50309-4687.

22.5(4) A dental assistant must meet such other requirements as may be imposed by the board’s approved dental assistant testing centers.

~~**22.5(5)** A dental assistant who fails to successfully complete a board approved examination after two attempts will be required to submit, prior to each subsequent examination attempt, proof of additional formal education in dental radiography in a program approved by the board or sponsored by a school accredited by the Commission on Dental Accreditation of the American Dental Association.~~

LASER DENTISTRY OF IOWA

December 17, 2019

RE: Change in remediation standards

Dear Iowa Dental Board,

I am writing to express my concerns regarding the removal of the remediation requirement after applicants have twice demonstrated a lack of understanding for the three state dental assisting exams. During the past six years, I have had the pleasure of meeting and remediating dental assistants and dental assistant trainees for one or more of these tests. We hope our perspective is helpful to your discussion.

Our experience has shown, the background of these individuals is varied and the reasons for their test failures are many. The experience and training the dental assistant trainees get varies greatly from office to office. Dentists and their teams are busy. Conveying in-depth instruction in jurisprudence, infection control or radiology is difficult for some.

Many of the DAT's needing remediation have little or no college background. They have difficulty comprehending the written materials offered by the board (especially radiology!). Some have learning disabilities. Others have issues taking tests. Often they lack confidence in the material. It does not mean they can't be successful but you have no idea how many times we hear "Oh, that makes sense now" or "I understand why that matters".

I understand your concern regarding access to and costs of remediation but I feel strongly that as a profession, we should not do things just to make entering the dental field "easy". We should demand a basic level of true competency not only to protect the public but keep our standards high. The tests are the minimum requirement for joining a profession, not just getting a job. Allowing an applicant to continue retaking an exam until they "get lucky" and pass seems to be counter productive.

After demonstrating a lack of mastery in the information, I do not believe requiring these individuals to commit a few hours to dental education is to much too ask. I also believe a vast majority of the dental assistants or trainees do not need remediation. Why lower the standards for a few when we should be trying to raise them up? What other profession can you enter without some sort of commitment of time or money?

While we have only been offering in person remediation, if access is truly a problem, we would be happy to look other platforms.

Thank you for your consideration.

Sincerely,



Lisa Swett, RDH, BS, MS



Iowa's dentists have a strong positive impact on their communities. In addition to a variety of organized public health programs, IDA members participate in the annual Iowa Mission of Mercy (IMOM). IMOM is a large scale, two-day free dental clinic where dental professionals and general volunteers donate their time to provide free oral healthcare to low-income patients and others facing barriers to care. Patients are treated on a first come, first served basis at a full-service dental field clinic. Since the first IMOM in 2008, more than 15,000 patients from all areas of the state have received free dental care totaling over \$10 million!



Iowa Dental Association (IDA)

Representing 1,800 dentists, the IDA is the largest oral health association in Iowa. The IDA has been in existence for over 150 years, and more than 80 percent of Iowa's practicing dentists are members of the IDA.

The IDA's broad membership throughout the state and across all specialties reflects a unique commitment by dentists to work together to enhance their profession on behalf of their patients and all Iowans. Each member of the Iowa Dental Association is also a member of one of Iowa's 10 district dental societies and the American Dental Association.



Iowa Dental Association

666 Grand Avenue
Suite 901
Des Moines, IA 50309
www.iowadental.org
515-331-2298
800-828-2181
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2020 LEGISLATIVE PRIORITIES

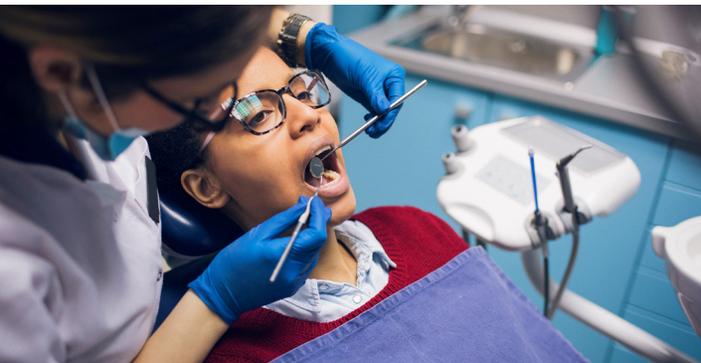


Access to basic dental services is directly related to lowans' overall health. Lack of adequate oral healthcare can lead to development of chronic conditions like diabetes and heart disease—which may result in expensive and avoidable emergency room visits. When thousands of Iowa patients can't get basic dental services, taxpayers shoulder higher costs across the healthcare system.

The Iowa Dental Association supports several initiatives that increase dental care access.

hawk-i Dental Benefits

Children of some low- and moderate-income working families are eligible to receive dental benefits under Iowa's Children's Health Insurance Program (CHIP), known as "Healthy and Well Kids-Iowa" (hawk-i). Delta Dental of Iowa administers the hawk-i dental benefit, which has proven to be a successful program in Iowa with high participation by dentists and hawk-i members. IDA advocates for maintaining the existing hawk-i dental program and benefits.



Iowa Dental Wellness Plan (DWP) and Medicaid Fee for Service (FFS)

The DWP and FFS programs provide dental coverage for Iowa adult and children Medicaid members, respectively. Unfortunately, the reimbursement rates are so low that dentists must subsidize many procedures out-of-pocket, creating a hardship for all dental offices. Increasing the reimbursement to more closely align with hawk-i rates will allow dentists to cover their costs and facilitate greater access throughout the state. To address this issue, IDA supports offering sustainable provider reimbursement.

Teledentistry

IDA recognizes that remote care has the potential to increase patient access, and IDA supports appropriate use of teledentistry so long as appropriate patient protections exist. IDA opposes do-it-yourself treatment options that do not incorporate close supervision by a local dentist who can ensure proper patient safety and care.

Access to Care

IDA strongly supports increasing access to care for vulnerable lowans, and is committed to collaborating with existing provider groups to achieve this goal. The best way to ensure patient safety and best outcomes is for licensed dentists—who undergo the most rigorous training in the field—to supervise all other oral healthcare providers.

We also believe that Iowa patients are best served by a smart, streamlined regulatory framework. IDA supports replacing certain formal disciplinary actions with appropriate administrative fees, which will allow the Iowa Dental Board to better focus on safety matters.





Jill Stuecker, Executive Director
Iowa Dental Board
400 S.W. Eighth Street, Suite D
Des Moines, Iowa 50309

January 13, 2020

Re: Continuing Education Credit for Participation in Volunteer Dental Clinics

Dear Jill:

For the past 25 years, the Iowa Dental Foundation (the "Foundation") has served as the primary facilitator of dental health programs for Iowans who may not otherwise have access to quality dental care. While the Foundation engages in activities throughout the year to improve the oral health of Iowans, the Foundation's signature event is the Iowa Mission of Mercy ("IMOM"), which is held each fall in a different part of the state. Since the first IMOM in 2008, over 15,000 patients from across the state have received free dental care totaling over \$10 million.

The benefits of the IMOM are not limited to the patients being served. The dental professionals who volunteer their time and their talents at the IMOM—dentists, dental hygienists, and dental assistants—all gain professionally through participation in the IMOM. As discussed more fully below, the knowledge, skills, and competence gained by volunteering at the IMOM often exceed the knowledge, skills, and competence that can be gained by participating in a typical continuing education program. This letter serves as a request to the Iowa Dental Board to allow a limited amount of continuing education credit for dental professionals who volunteer at free dental clinics, such as the IMOM.

Collaborative Learning Environment. The IMOM facilitates a learning environment for dental professionals unlike any other—an environment that cannot be replicated in a classroom or in a typical dental office. During the two-day clinic, dental professionals provide dental care from over 100 mobile dental operatories set up in one room. The dental professionals routinely collaborate with each other to ensure that patients receive the highest quality care. The collaborative environment of the IMOM provides a rare opportunity for dental professionals to work alongside and to learn from other dental professionals. In many cases, this may be the only opportunity during the year for general dentists to work alongside specialists and for specialists to work alongside general dentists and other specialists.

Actively Engaged Learning Environment. Unlike a typical conference or lecture where the participants may only be partially engaged in the topics being discussed, IMOM volunteers are actively engaged in the process of learning from each other during the course of caring for patients. IMOM dental volunteers routinely discuss challenging cases with their peers to determine the best course of treatment. Not only do they share professional techniques with their peers, but then put those techniques into practice in the care of patients. In many cases, more experienced practitioners share their knowledge and skills with younger practitioners and students.

Challenging Patient Population. Due to the nature of the IMOM as a free dental clinic, the patients served frequently have different and often far more challenging dental conditions than patients treated in a typical dental office. In many cases, IMOM patients have gone years, or even decades, without receiving dental care. These cases force dental professionals to hone their critical thinking skills and to maintain

proficiency at techniques they do not need to employ on a daily basis when treating patients with fewer oral health needs. In addition, the challenging dental conditions are often compounded by language and cultural barriers, which allows dental professionals the opportunity to sharpen their patient communication skills while educating patients about their oral health care.

Request for Continuing Education Credit. Due to the educational benefits resulting from participation in the IMOM, the Foundation requests that the Board consider allowing a limited amount of continuing education credit for dental professionals who volunteer at free dental clinics. As you know, section 25.6(1) of the Board's current rules prohibits continuing education credit for "events where volunteer services are provided." This rule fails to recognize the significant educational benefits of practicing in a collaborative environment with numerous other dental professionals. As discussed above, volunteering at IMOM is directly applicable to the "dental skills, knowledge, and competence" of dental professionals, as required by that rule. In addition, the IMOM provides significant oversight by experienced dental professionals to ensure patient safety and maximize the learning potential for dental professionals. Therefore, the Foundation requests that the Board modify its restriction to allow one hour of continuing education credit for every four consecutive hours of verified volunteer dental services, subject to a maximum of six hours per biennium.

It is important to note that allowing dental professionals to obtain continuing education credit for volunteering in a free dental clinic is not unprecedented. Currently, at least thirteen states allow continuing education credit for participation in volunteer dental clinics. The majority of these states calculate continuing education credits at the rate of one hour of continuing education credit per one to two hours of volunteering.

I would appreciate if you could share this request with the Iowa Dental Board at its next meeting. I would certainly be happy to answer any questions you or the members of the Board may have about this request.

Sincerely,

A handwritten signature in cursive script that reads "Laurie Traetow". The signature is written in black ink and includes a long, sweeping horizontal line at the end.

Laurie Traetow, Executive Director