



STATE OF IOWA

IOWA DENTAL BOARD

KIM REYNOLDS, GOVERNOR
ADAM GREGG, LT. GOVERNOR

JILL STUECKER
EXECUTIVE DIRECTOR

IOWA DENTAL HYGIENE COMMITTEE

MEETING AGENDA

January 24, 2020

8:15 AM

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

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

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

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

Members: *Mary Kelly, R.D.H., Chair; Nancy Slach, R.D.H., Michael Davidson, D.D.S.*

OPEN SESSION: 8:15 AM

- I. **CALL MEETING TO ORDER – ROLL CALL**
- II. **OPPORTUNITY FOR PUBLIC COMMENT**
- III. **APPROVAL OF OPEN SESSION MINUTES**
 - a. November 14, 2019
- IV. **EXECUTIVE DIRECTOR’S REPORT**
- V. **ADMINISTRATIVE RULES**
 - a. Discussion on Iowa Administrative Code 650 – Chapter 10, “*General Requirements*” and Potential New Separate Chapter for Dental Hygiene
 - b. Discussion on Iowa Administrative Code 650 – 11.7, “*Dental Hygiene Application for Local Anesthesia Permit*”

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; and pursuant to Iowa Code section 21.5(1)(d) to discuss whether or initiate licensee disciplinary investigations or proceedings.

I. ITEMS FOR REVIEW AND DISCUSSION

- c. Closed Session Minutes, September 27, 2019 (21.5(1)(a))
- 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))

OPEN SESSION:

II. ACTION, IF ANY, ON CLOSED SESSION ITEMS

- a. Closed Session Minutes: September 27, 2019
- b. Complaints and Investigative Reports
- c. Combined Statement of Charges, Settlement Agreement and Final Order

III. ADJOURN

NEXT REGULARLY-SCHEDULED MEETING: APRIL 3, 2020

Please Note: At the discretion of the chairperson, agenda items may be taken out of order to accommodate scheduling requests of committee 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.



STATE OF IOWA

IOWA DENTAL BOARD

KIM REYNOLDS, GOVERNOR
ADAM GREGG, LT. GOVERNOR

JILL STUECKER
EXECUTIVE DIRECTOR

DENTAL HYGIENE COMMITTEE

MINUTES

November 14, 2019
Conference Room
400 SW 8th St. Suite D
Des Moines, Iowa

Committee Members

Mary C. Kelly, R.D.H.	Present
Nancy A. Slach, R.D.H.	Present
Michael Davidson, D.D.S.	Present

November 14, 2019

Staff Members

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

Attorney General's Office

Laura Steffensmeier, Assistant Attorney General

I. CALL TO ORDER FOR NOVEMBER 14, 2019

Ms. Kelly called the meeting of the Dental Hygiene Committee to order at 4:03 p.m., Thursday, November 14, 2019.

Roll Call:

Member:	Kelly	Slach	Davidson
Present	x	x	x
Absent			

A quorum was established with all members present.

II. OPPORTUNITY FOR PUBLIC COMMENT

Ms. Kelly thanked everyone for being understanding of the time change for the meeting.

Ms. Kelly asked everyone to introduce themselves and allowed the opportunity for public comment.

Mr. Tom Cope, Iowa Dental Hygienists' Association (IDHA), thanked the staff and the Board members for their work on the legislative priorities and related matters.

III. APPROVAL OF OPEN SESSION MINUTES

- *September 27, 2019 – Quarterly Meeting*

❖ MOVED by SLACH, SECONDED by DAVIDSON, to APPROVE the open session minutes as drafted. Motion APPROVED unanimously.

IV. EXECUTIVE DIRECTOR’S REPORT

Ms. Stuecker reported that staff sent emails to those whose licenses and registrations recently lapsed. The Board received a few phone calls thereafter from licensees who had forgotten to renew. The Board is working with these individuals to get them quickly reinstated.

Ms. Stuecker stated that staff was also working on other post-renewal matters. Staff contacted those who were selected for continuing education audit. Additionally, staff has started the process of reviewing some of the responses to the renewal questions to determine which items may require further review.

Ms. Stuecker stated that there was good news regarding the proposed legislation for the upcoming session. The Board and the associations appear to be in agreement. The Board will discuss this in more detail during the Board meeting.

V. ADMINISTRATIVE RULES

- *Discussion on Iowa Administrative Code 650 – Chapter 10, “General Requirements” and Potential New Chapter for Dental Hygiene*

Ms. Stuecker provided an overview of the discussions to date. The draft was still in the early stages and has been updated based on the recommendations made at the last meeting. Ms. Stuecker noted that the updates are in blue. To date, the draft has only been shared with staff and committee members. The committee will need to make some decisions about the next steps for the discussion.

Dr. Davidson referenced section 19.4(d) of the new draft and recommended that the committee find an alternative to the term “examination”. Dr. Davidson was concerned that use of the term would cause confusion with a dental examination, which is a billable service, unlike a dental hygiene examination. The earlier draft used the term inspection. Another alternative would be evaluation. Ms. Kelly agreed and believed that evaluation was also a good suggestion. Ms. Kelly also suggested screening for consideration. Ms. Slach agreed with the suggestion to use evaluation.

Ms. Kelly asked about substituting “evaluation” for “screening” since there are differences between the two services. The committee members discussed this. Mr. Cope noted that there are implications to the required level of supervision when discussing screenings versus evaluations. The committee may want to be mindful of those implications as the discussion continues.

Ms. Kelly referenced the language currently used in Iowa Administrative Code 650 – 10.3(3). The current rule references “screening” and wondered if it would be better to refer to an evaluation by the dentist instead. Dr. Davidson did not believe that every instance of screening needs to be updated; there may be instances where use of the word screening may be appropriate. Mr. Cope believed that this should be part of a greater discussion. Ms. Slach was in favor of leaving it as drafted in this instance. Ms. Steffensmeier noted that assessment may be another good option to consider when reviewing these rules further.

Ms. Kelly indicated that public health hygienists regularly make evaluations with respect to the placement of sealants, the application of fluoride and other services. The committee believed that evaluation and assessment may be the best options for consideration. Ms. Kelly suggested, for item “d”, that the language be updated to “performing intraoral and extraoral assessment or evaluation.” Dr. Davidson agreed with the suggestion.

Dr. Davidson asked if the statute needed to be updated to include hospitals and prisons within the list of public health settings. Ms. Kelly believed that hospitals were already included, and that prisons would depend upon whether they were part of federal, state, or local public health programs.

Ms. Kelly asked about the potential timeline of the proposed statutory changes and what the implication would be for the rulemaking. Ms. Steffensmeier stated that the rule updates would not be completed before statutory changes, if any, were made. Ms. Steffensmeier believed it would be best to focus on other issues for the time being.

Ms. Slach referenced the proposed definition of the practice of dental hygiene. Ms. Slach noted that the definition does not include a specific reference to scaling and root planing, which is a primary service that dental hygienists provide; though, she acknowledged that the definition references prophylaxis. Additionally, Ms. Slach questioned the use of “obtaining and preparing” in reference to “nonsurgical, clinical and oral diagnostic tests for interpretation by the dentist”. Ms. Slach believed that “performing and providing” would be more accurate. Ms. Kelly and Ms. Stuecker indicated that the language was taken from Iowa Code Section 153.15. Ms. Steffensmeier stated that this language addresses the authorized practice of dental hygiene. Dr. Davidson also noted that the statute provides some leeway due to the inclusion of “may include but are not necessarily limited to”. Ms. Slach preferred that the specific language be included. Ms. Kelly stated that therapeutic services are also referenced, which would cover much of that.

Ms. Steffensmeier stated that the language could be taken out of the rules altogether if the committee prefers. Ms. Steffensmeier stated that the committee could cite the statute as needed. Ms. Steffensmeier recommended leaving the language for now, and revisiting the language more specifically when the Board prepares a draft for the Notice of Intended Action. Ms. Stuecker agreed, particularly, since the draft has not yet been shared. Ms. Steffensmeier recommended that the committee compare the draft of the Notice of Intended Action with the language in Iowa Code at that time and make a final decision.

Ms. Susan Hyland, R.D.H. recommended that the committee consider having all of the regulation in a single place for ease of reference. The committee would consider this as the discussions continue.

Ms. Slach referenced the section in the draft for delegated services after dental exam. Ms. Slach asked the committee whether they would want to add nitrous oxide to the list of allowed services. The newer nitrous oxide machines make administration much simpler. Ms. Slach also asked if the administration of nitrous oxide should remain under direct supervision; Ms. Slach asked if the committee would want to consider a recommendation to allow this under general supervision. Dr. Davidson noted that the primary side effect would be nausea of the patient. Dr. Davidson said that he did not have information about older nitrous oxide units that may rely on nitrous oxide tanks and what the potential concerns would be there. Based on the information that Dr. Davidson had, he did not have great concerns about allowing the administration of nitrous oxide under general supervision.

The committee noted that another primary issue was the matter of practice settings. Since this issue was included in the Board's 2020 legislative request, the committee decided to table that discussion for the time being.

Ms. Stuecker asked if she could begin sharing the draft with interested parties. Ms. Kelly stated that staff could begin sharing the draft. Ms. Stuecker will add this to the agenda of the January 2020 Board meeting to formally begin the discussion with the Board. Ms. Kelly asked that Ms. Stuecker also share the draft with the Board members.

VI. RULE WAIVERS

- *Rule Waiver Request: Tayt Waibel, R.D.H. Iowa Administrative Code 650 – Chapter 11.7(1)(b), Regarding Training in Local Anesthesia*

Ms. Stuecker provided an overview of the request. Ms. Waibel graduated approximately 13 months prior to applying for a local anesthesia permit. Iowa Administrative Code 650—11.7 requires application within 12 months of having completed approved training or have ongoing practice in the administrative of local anesthesia in another state. Ms. Waibel has not practiced in another state to meet the latter requirement.

Ms. Stuecker referenced the waiver index regarding and prior decisions for similar requests.

- ❖ MOVED by KELLY, SECONDED by DAVIDSON, to APPROVE the waiver request as submitted.

Dr. Davidson indicated that he was in favor of minimizing the number of separate permits required for licensees to perform certain services.

- ❖ Vote taken. Motion APPROVED unanimously.

The committee briefly discussed ways in which to address some of the concerns related to local anesthesia permits. The committee may discuss this further at a later date.

Ms. Kelly allowed a second opportunity for public comment. There weren't any comments received.

VII. CLOSED SESSION

- ❖ MOVED by KELLY, SECONDED by DAVIDSON, 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; and pursuant to Iowa Code section 21.5(1)(d) to discuss whether or to initiate licensee disciplinary investigations or proceedings.

Roll Call:

Member:	Kelly	Slach	Davidson
Yes	x	x	x
No			

Motion APPROVED by roll call.

- The Dental Hygiene Committee convened in closed session at 4:38 p.m.
- ❖ MOVED by DAVIDSON, SECONDED by KELLY, to RETURN to OPEN SESSION. Motion APPROVED unanimously.
- The Dental Hygiene Committee reconvened in open session at 5:11p.m.

OPEN SESSION

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

a. Closed Session Minutes

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

b. Other Closed Session Matters

c. Malpractice Reports

- ❖ MOVED by SLACH, SECONDED by DAVIDSON, to CLOSE file #19-0121. Motion APPROVED unanimously.
- ❖ MOVED by SLACH, SECONDED by DAVIDSON, to CLOSE file #19-0145. Motion APPROVED unanimously. Ms. Kelly recused herself.
- ❖ MOVED by SLACH, SECONDED by DAVIDSON, to KEEP OPEN file #19-0146. Motion APPROVED unanimously.

IX. ADJOURN

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

The meeting of the Dental Hygiene Committee adjourned at 5:12 p.m. on November 14, 2019.

NEXT MEETING OF THE COMMITTEE

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

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

**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).

CHAPTER 11
LICENSURE TO PRACTICE DENTISTRY OR DENTAL HYGIENE
[Prior to 5/18/88, Dental Examiners, Board of[320]]

650—11.7(147,153) Dental hygiene application for local anesthesia permit. A licensed dental hygienist may administer local anesthesia provided the following requirements are met:

1. The dental hygienist holds a current local anesthesia permit issued by the board of dental examiners.

2. The local anesthesia is prescribed by a licensed dentist.

3. The local anesthesia is administered under the direct supervision of a licensed dentist.

11.7(1) Application for permit. A dental hygienist shall make application for a permit to administer local anesthesia on the form approved by the dental hygiene committee and provide the following:

a. The fee for a permit to administer local anesthesia as specified in 650—Chapter 15; and

b. Evidence that formal training in the administration of local anesthesia has been completed within ~~12 months~~ five years of the date of application. The formal training shall be approved by the dental hygiene committee and conducted by a school accredited by the American Dental Association Commission on Dental Education; or

c. Evidence of completion of formal training in the administration of local anesthesia approved by the dental hygiene committee and documented evidence of ongoing ~~practice in the~~ administration of local anesthesia within five years of the date of application in another state or jurisdiction that authorizes a dental hygienist to administer local anesthesia.

11.7(2) Permit renewal. The permit shall expire on August 31 of every odd-numbered year. To renew the permit, the dental hygienist must:

a. At the time of renewal, document evidence of holding an active Iowa dental hygiene license.

b. Submit the application fee for renewal of the permit as specified in 650—Chapter 15.

11.7(3) Failure to meet the requirements for renewal shall cause the permit to lapse and become invalid.

11.7(4) A permit that has been lapsed for ~~two~~ five years or less may be reinstated upon the permit holder's application for reinstatement and payment of the reinstatement fee as specified in 650—Chapter 15. A permit that has been lapsed for more than two years may be reinstated upon application for reinstatement, documentation of meeting the requirements of 11.7(1)“*b*” or “*c*,” and payment of the reinstatement fee as specified in 650—Chapter 15.

This rule is intended to implement Iowa Code sections 147.10 and 147.80 and chapter 153.

[ARC 0265C, IAB 8/8/12, effective 9/12/12]